

FILED MAR 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 6664

1560

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY 4527 Forest Park Blvd.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 020	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 4		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waltm Nursing Home		d. STREET ADDRESS (If rural, give location) 4527 Forest Park Blvd	
3. NAME OF DECEASED (Type or Print) MARY MARY		a. (First) 4527 Forest Park Blvd.	c. (Last) SCHROEDER
5. SEX Female		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH March 19-1862
13a. FATHER'S NAME John McKinley		13b. MOTHER'S MAIDEN NAME Unknown	9. AGE (In years last birthday) 86 y 2 m
15. (WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service))		16. SOCIAL SECURITY NO.	11. BIRTHPLACE (State or foreign country) Detroit Pa. 1
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		12. CITIZEN OF WHAT COUNTRY? U.S.	
19a. DATE OF OPERATION		14. NAME OF HUSBAND OR WIFE Unknown	
19b. MAJOR FINDINGS OF OPERATION		17. INFORMANT'S SIGNATURE OR NAME Victor Hassin	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS CHRONIC ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SEXILITY & ARTERIO SCLEROSIS	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
22. I hereby certify that I attended the deceased from _____, 1948, to 2-17, 1949, that I last saw the deceased alive on 2/16, 1949, and that death occurred at _____ m., from the causes and on the date stated above.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
23a. SIGNATURE _____ (Degree or title)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
23b. ADDRESS 812 Ohio Street - St. L.		21f. HOW DID INJURY OCCUR?	
23c. DATE SIGNED 2/18/49		22. I hereby certify that I attended the deceased from _____, 1948, to 2-17, 1949, that I last saw the deceased alive on 2/16, 1949, and that death occurred at _____ m., from the causes and on the date stated above.	
24a. BURIAL - CREMATION, REMOVAL (Specify) Burial		23a. SIGNATURE _____ (Degree or title)	
24b. DATE Feb 18-1949		23b. ADDRESS 812 Ohio Street - St. L.	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.		23c. DATE SIGNED 2/18/49	
24d. LOCATION (City, town, or county) (State) St. Charles Rock Rd Mo		24a. BURIAL - CREMATION, REMOVAL (Specify) Burial	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 18 1949 J. B. Foster		24b. DATE Feb 18-1949	
25. FUNERAL DIRECTOR'S SIGNATURE Bull-Campbell		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.	
ADDRESS 4215 Lindell		24d. LOCATION (City, town, or county) (State) St. Charles Rock Rd Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Rex C Campbell

Signed.....

Student Embalmer

Licensed Embalmer No. *3881*

P. O. Address *St Louis, Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.