

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 14963
3670
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2089	
d. FULL NAME OF HOSPITAL OR INSTITUTION 878 Canaan Ave.				STREET ADDRESS (If rural, give location) 878 Canaan Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle)		c. (Last) Schatz		4. DATE OF DEATH (Month) (Day) (Year) April 20, 1950.	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 28, 1882		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Ryan		13b. MOTHER'S MAIDEN NAME Katherine Waters		14. NAME OF HUSBAND OR WIFE Ben Schatz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Ben Schatz 878 Canaan Ave.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>chronic myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>premial convulsions</i> DUE TO (c) <i>4 XXX album</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <i>none</i>		19b. MAJOR FINDINGS OF OPERATION <i>none</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>none</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>none</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Missouri</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>none</i>		21e. INJURY OCCURRED WHILE AT WORK <i>none</i>		21f. HOW DID INJURY OCCUR? <i>none</i>		<i>A573</i>	
22. I hereby certify that I attended the deceased from <i>4/17-5/19</i> , to <i>4/20</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>4/20</i> , 19 <i>50</i> , and that death occurred at <i>8:00a</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Math Hermann MD</i> (Degree or title)				23b. ADDRESS <i>8739 Grand</i>		23c. DATE SIGNED <i>4/21-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE <i>4-22-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>APR 21 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Rosater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Math Hermann & Son Inc. 2161 E. Fair Ave.</i>			

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

years

X

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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Signed Glen W. Hay
Student Embalmer No. _____

Licensed Embalmer No. 3757

P. O. Address St. Louis, Missouri

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

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