

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

31402

1. PLACE OF DEATH

County..... St. Louis County

Registration District No. 789

File No.

Township..... Central

Primary Registration District No. 60329

Registered No. 2151

City..... (No. St. Vincent's Sanitarium Ward)

(67)

2. FULL NAME Mrs. Elizabeth Schaufert

(a) Residence. No. 7104 Lindell St., Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry C. Schaufert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 64 11 4 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Houser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mary E. Neddek

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT Sister Gertrude, Supt.
(Address) St. Vincent's Sanitarium

15. FILED 10/4 19 27 Greene Bruce, M.D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 3 19 27

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 19 27, to Oct 3, 19 27, that I last saw her alive on Oct 3, 19 27, and that death occurred, on the date stated above, at 10:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
General Arteriosclerosis
93c
47
16v (duration)..... yrs. mos. da.

CONTRIBUTORY Renal Arteriosclerosis
(SECONDARY) (duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED as not known
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Eugene J. O'Keefe, M. D.
Oct 4, 1927 (Address) Washington Sq.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla DATE OF BURIAL Oct 5 19 27

20. UNDERTAKER Wagoner ADDRESS 3621 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

