

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

REC'D JUN 7 1938

19461  
Do not use this space.

PLACE OF DEATH

(a) County **St. Louis**  
(b) Township **Central**  
(c) City **Clayton**

Registration District No. **784**  
Primary Registration District No. **101**  
(d) Street No. **7700 Forsythe Blvd.**

Registered No. **936**

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Rosina Schaberg, 162**

(a) Residence, No. **7700 Forsythe Blvd.** St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John H. Schaberg**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 28, 1849**

7. AGE YEARS **88** MONTHS **11** DAYS **0** If LESS than 1 day, ..... hr. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nul**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Geo. G. Grampp**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Rosina Hetz,**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Miss Ida Schaberg 7700 Forsythe Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Manchester ME Centy** DATE **5/31/38**

19. FUNERAL DIRECTOR (ADDRESS) **Louis J. Bopp 131 W. Argonne Dr Kirkwood**

20. FILED **MAY 30 1938** **D. R. Meyer M.D. P. N. Local Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 28 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 1 1935** to **May 28 1938**

I last saw her alive on **May 27 1938** Death is said to have occurred on the date stated above, at **12a.m.**

The principal cause of death and related causes of importance were as follows:

**Old age**

**97**

Date of onset

Other contributory causes of importance:

**Arteriosclerosis Hypertension**

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Frank Stern**, M. D.

(Address) **4500 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.

30 1938

STATEMENT BY LICENSED EMBALMER

I, Louis H. Bapp

Licensed Embalmer No. 921

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. H. Bapp

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Louis H. Bapp  
921

Licensed Embalmer No.

**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.)**