

No. 2
-5-42
5-17-39
X32873

32389

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 28 1948

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8525

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
867 Cowan Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 867 Cowan Street 99
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME PETER SCHAAR

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estelle M. Schaar 6. (c) Age of husband or wife if alive 1870 years

7. Birth date of deceased Sept. 12, 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 19 1942 to Oct 13 1942 that I last saw him alive on Oct 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis 3 yr Duration

Due to Chronic endocarditis

Due to Chronic endocarditis

Other conditions Myocardia 3 yr

Major findings: Of operations Chronic endocarditis

Of autopsy Chronic endocarditis

PHYSICIAN Chronic endocarditis
Underline the cause to which death should be charged statistically.

8. AGE: Years 72 Months 1 Days 1 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business Tar Roofer

MOTHER FATHER { 12. Name Not Known

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Estelle M. Schaar

(b) Address 867 Cowan Street

17. (a) Burial (b) Date thereof 10/15 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) OCT 14 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury

23. Signature Herman L. Witten (M. D. or other) D.
Address 2728 N. 11. St Date signed 10-13-42

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address..... *St Louis Mo*

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.