

ED. MAY 14 1943 18

Primary Registration District No. **1003**

Registrar's No. **6259**

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

**1. PLACE OF DEATH:**

(a) County.....  
 (b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5986 Astra Ave  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community.....  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County.....  
 (c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5986 Astra Ave  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** Agnes Schappner

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 5th  
 year 1943 hour 6 minute 2 P. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife George Schappner  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased Dec 6th 1872  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
Nov 14 1943 to May 5 1943  
 that I last saw her alive on May 5 1943  
 and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>70</u>	<u>4</u>	<u>29</u>	hr. min.

Immediate cause of death.....  
cardi-renal  
 Due to.....  
 Due to.....

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

Other conditions (Include pregnancy within 3 months of death)  
1/31

10. Usual occupation At Home

Major findings:  
 Of operations.....  
 Of autopsy.....

**MOTHER FATHER**

11. Industry or business.....  
 12. Name Unknown  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

16. (a) Informant Margaret Scholer  
 (b) Address 5986 Astra Ave

**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?

17. (a) Burial (b) Date thereof 5/8/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

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

18. (a) Signature of funeral director Stroot - Carroll  
 (b) Address 4600 Natural Bridge Ave

23. Signature J. F. Brodeur  
(Registrar's signature)  
 Address 6693 Lillian Date signed 5-6-43

19. (a) MAY 7 1943  
(Date received local registrar)

**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 Frank H. Short

Licensed Embalmer No. 2265

P. O. Address 4609th Bridge Ave

**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.**