

FILED JAN 19 1944 7

Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

Registrar's No. 90

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Pasadena Hills  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4214 Brenton Dr. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Pasadena Hills  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4214 Brenton Dr.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louise C. Schaperkoetter

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

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

6. (b) Name of husband or wife Benjamin F. Schaperkoetter 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 2, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 5 9 hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Fred Schneider  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Lenhard  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Benjamin Schaperkoetter  
(b) Address 4214 Brenton Dr. Pasadena Hills

17. (a) Burial (b) Date thereof 1/14/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 West Fair Ave

19. (a) JAN 18 1944 (b) E. G. Mc Gowan, M.D.  
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th.  
year 1944 hour 12:15 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec. 16, 43  
\_\_\_\_\_ 19\_\_\_\_ to Jan. 11, 1944  
that I last saw her alive on Jan. 11, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death 1. Myocarditis, chronic Interstitial 2-3 yrs

Due to 2. Partial Intestinal Obstruction 2-3 days

Due to 3. subacute

Other conditions 4. Arteriosclerosis, general  
5. Nephritis, chronic

Major findings: Of operations \_\_\_\_\_  
Of autopsy 1316

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

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 Francis J. Canepa (M. D. or other) M.D.  
Address 462 N. Taylor Ave Date signed Jan 12, 44

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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. Williams

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 the above constitutes grounds for revocation of license.)**

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