

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 23 1944

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

Primary Registration District No. 4468

Registrar's No. 1

1. PLACE OF DEATH:

(a) County ST. GENEVIEVE  
(b) City or town ST. MARY'S  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Genevieve  
(c) City or town St. Marys 95  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. \_\_\_\_\_ (If rural, give location) 9  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME EDWARD SCHAAF

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife IDA M. SCHAAF 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased FEB 19 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 10 11 hr. \_\_\_\_\_ min.

9. Birthplace ST. MARY'S MO  
(City, town, or county) (State or foreign country)

10. Usual occupation SUPT. FLOUR MILL RETIRED

11. Industry or business

MOTHER FATHER

12. Name LOUIS SCHAAF

13. Birthplace ATON ILL  
(City, town, or county) (State or foreign country)

14. Maiden name HARRIET BROWN

15. Birthplace PERRY CO MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Edg. M. Schauf

(b) Address St. Mary's Mo

17. (a) Burial (b) Date thereof Jan 12 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Mo

18. (a) Signature of funeral director Geo. C. Taylor

(b) Address St. Genevieve Mo

19. (a) Jan 10/1944 (b) T.W. Douglas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th  
year 1944 hour 3:00 minute - A.M.

21. I hereby certify that I attended the deceased from Dec 1  
1943, to JAN 10 1944

that I last saw him alive on JAN 9 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Arterio Sclerosis

Duration

1 yr.  
1 yr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 93d  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Arthur S. ... (M. D. or other) M.D.

Address St. Genevieve MO Date signed 1/10/44

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

15  
20

706

(Licensed Embalmer's Statement on Reverse Side)

FEB 4 1947

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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 Lee C. Gash

Licensed Embalmer No. 1985

P. O. Address St. Genevieve 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.