

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22165**
5489
Registrar's No.

FILED JUN 26 1946
318
Registration District No.

Primary Registration District No. **1003**

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:
2565W Dodier St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Minnie Schaper

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

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

6. (b) Name of husband or wife August Schaper 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased November 13, 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 08 Days 7 If less than one day hr. min. 0

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

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER

12. Name Charles Beckmann

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

14. Maiden name Louise Beir

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

16. (a) Informant August Schaper

(b) Address 2565W Dodier St.

17. (a) Burial (b) Date thereof June 22, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Paschedag-Henke-Für Home
(Specify type of place)

(b) Address 2825 N. Grand Blvd

19. (a) JUN 20 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2565W Dodier St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th
year..... 1946 hour..... 4 minute 45A M.

21. I hereby certify that I attended the deceased from July 8th
May 8, 1946, to June 20th, 1946
that I last saw h. er alive on June 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Haemorrhage Duration 15 min

Due to Arterio Sclerosis
Hypertension Nephrosis 2 years

Due to Chronic Arthritis
Heart Exhaustion

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....
12/1

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.....

17. (a) Burial (b) Date thereof June 22, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Paschedag-Henke-Für Home
(Specify type of place)

(b) Address 2825 N. Grand Blvd

19. (a) JUN 20 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

23. Signature E. A. Schneewinger (M. D. or other).....
Address 4470 Walnut Bldg Date signed 6-30-46

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

Henry M. Kramer

.....
Licensed Embalmer No.....

4200

P. O. Address.....

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.