. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7498

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Ste. Genevieve
(b) City or town Ste. Genevieve
(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)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 75

(a) State Missouri (b) County Ste. Genevieve 0
(c) City or town St. Mary's 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME IDA MARY SCHAAF

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

4. Sex Female 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Edward Schaaf
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 14 March 1869 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	II		hr. min.

9. Birthplace French Village, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation at Home
11. Industry or business

FATHER
12. Name J. Barton Cox
13. Birthplace Fredericktown (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Catherine E Brown
15. Birthplace Perryville (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs Harriet Operle
(b) Address Ste Genevieve Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17 1947 (Month) (Day) (Year)
(c) Place: burial or cremation French Village, Mo.
18. (a) Signature of funeral director Jerome H Stanton
(b) Address Ste Genevieve Mo
19. (a) Feb. 17-1947 (Date received local registrar) (b) Teresa M. Kart Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb. day 14th
year 1947 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan. 8, 1947, to Feb. 14, 1947
that I last saw him alive on Feb. 14, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism.	2 days
Due to Phlebitis. of Rt. leg.	1 month
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

100%

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Arthur E Sexauer (M. D. or other) M.D
Address Ste. Genevieve Mo Date signed 2-25-47

35()

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 242-242
Date Filed 2-20-47

MAR 19 1947

MAR 7 1947

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 Jerome N. Stanton

Licensed Embalmer No. 3817

P. O. Address Ste 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.