

No. 2
12-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19328

FILED JUN 5 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 213

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:
2520-Warren Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 37-Years
years, months or days)

3. (a) PRINT FULL NAME Annie Mamie Schaap
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive Dcd. years
7. Birth date of deceased Nov. 4 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 6 21 hr. min.

9. Birthplace Creve Coeur Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Fred E. Niehaus
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Annie Schroeder
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Schaap
(b) Address 2520-Warren St. St. Louis, Mo.

17. (a) Burial (b) Date thereof 5-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Ev. Cemetery

18. (a) Signature of funeral director Walter H. Sporeman
(b) Address 2504-Woodson Rd. Overland, Mo.

19. (a) MAY 26 1947 (Date received local registrar) J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2520-Warren Street
20 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1947 hour 2 minute 10 A. M.
21. I hereby certify that I attended the deceased from
2-10-47 19 to 5-24-47 19
that I last saw h. er alive on 5-24-47 19
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic myocarditis
Due to.....
Due to none.

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

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

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 home (Specify type of place) (e) Means of injury.....
Walter H. Sporeman (Signature) 1506 St. Louis (Address) 5-26-47 (Date signed)

Duration

don't know.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12

200

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.