S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43858

Registration District No. 517

Primary Registration District No. 6076

Registrar's No. 2750

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days (Specify whether

In this community 57 years years, months or days)

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. 2110 South 11th St. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME SCHAPER, Frank A.

3. (b) If veteran, name war WW-1

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced D 3

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 7, 1890 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	10	23	hr. min.

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

10. Usual occupation Carpenter helper

11. Industry or business —

FATHER
12. Name Henry Schaper
13. Birthplace ~~St. Louis, Missouri~~ Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Hoppe
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Registrar

(b) Address VAH- Jefferson Barracks, Mo.

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof Jan 2-48 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Natl Cem. Jefferson Br. Mo.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av.

19. (a) 1-2-48 (Date received local registrar) Neal A. Schaper MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30 year 1947 hour 7 minute 05 a M.

21. I hereby certify that I attended the deceased from December 10, 1947, to December 30, 1947; that I last saw him alive on December 30, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CHRONIC GLOMERULO-NEPHRITIS WITH UREMIA	
Due to Contributary cause: HYPERTENSIVE HEART DISEASE	
Due to	
Other conditions (Include pregnancy within 3 months of death) 131	

Major findings:
Of operations

Of autopsy Autopsy performed (See cause of death)

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? Means of injury

23. Signature L. E. STILWELL (M. D. ~~or other~~)

Address VAH, Jeff. Brks., Mo. Date signed 12/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1948

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 Jos B Wollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette 4.

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.