

No. 10-47
5-17-39
PI 3906

FILED MAR 15 1948

1003

State File No. _____

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 2393

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:
4555 Fair Ave /
(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:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4555 Fair Ave 9
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Grace Schaperkotter

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1948 hour 6 minute 00 A. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept. 4 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1948 to March 8, 1948
that I last saw him alive on March 8, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 44 Months 6 Days 4 If less than one day hr. _____ min. _____

Immediate cause of death Coronary thrombosis

Due to _____

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

10. Usual occupation House Work

Due to Diabetes mellitus

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

11. Industry or business _____

MOTHER FATHER { 12. Name Louis A. Schaperkotter

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

14. Maiden name Minnie Jost

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

Major findings: Of operations U

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Louis A. Schaperkotter

(b) Address 4555 Fair Ave.

17. (a) Burial (b) Date thereof 3-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

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? _____

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave.

19. (a) MAR 9 1948 J. F. Kropf
(Date received local registrar) (Registrar's signature)

Specify type of place (c) Means of injury 900

While at work? _____

23. Signature J. F. Kropf (M. D. or other) _____

Address 1114 W. Harrison Date signed 3/9/48

NOV 14 1958

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.....

Wilfred G. Buchholz

Registered Apprentice No. *6*

working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis 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.