

S. No. 2
1-1/47
6-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10647

State File No.

National Office of Vital Statistics

FILED APR 7 1948

Primary Registration District No. 1003

Registrar's No. 2957

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7361 a Tulane
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Richard Thackerly Schraubstadter

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
1948 year..... hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3/16/48
19..... to 3-25-48 19.....
that I last saw him alive on 3/25/48 19.....
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W.

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

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

7. Birth date of deceased March 23 1870
(Month) (Day) (Year)

Immediate cause of death.....
Coronary artery disease - myocardial infarction

Due to.....

Due to.....

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

8. AGE: Years Months Days If less than one day

78 0 2 hr. min.

Major findings: Coronary artery disease
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause of which death should be charged statistically.

9. Birthplace Boston, Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Mining Engineer

11. Industry or business Type Foundry

12. Name Oswald Schraubstadter

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

14. Maiden name Augusta Unknown

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

16. (a) Informant Miss Helen Harris

(b) Address 7361 a Tulane U. City, Mo.

17. (a) burial (b) Date thereof 3-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander Smo
(b) Address 6175 Delmar

19. (a) MAR 26 1948 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

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..... Means of injury.....

23. Signature Louis M. Gerard (M. D. or other).....
Address 812 Olive St Date signed 3/26/48

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

MOTHER FATHER

Dr. Brand
986 Avenue Bly
Hours 1:30 P.M.
Tel-Ch-5894

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 Thomas R. Ferwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.