

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

21537-
State File No. 0
Registrar's No. 143

FILED JUL 6 1948
Registration District No. 177

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. LOUIS COUNTY HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether years, months or days) 50 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town FLORESSANT 10
(If outside city or town limits, write "RURAL")
(d) Street No. ST. PIERRE ST. 0
(If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME EMMA SCHNETTE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced wid.
6. (b) Name of husband or wife CASPER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 5 20 1862
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 20 If less than one day hr. _____ min. _____

9. Birthplace WARRENTON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

MOTHER FATHER { 12. Name OBERHAUSE
13. Birthplace W.M. MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH
15. Birthplace W.M. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant CHARLOTTE BALLARD
(b) Address FLORESSANT, MISSOURI
17. (a) Burial (b) Date thereof 6/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson, Mo.

19. (a) 6-14-48 (b) Carla J. Haynes
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 10 year 1948 hour 9 minute 33 P.M.
21. I hereby certify that I attended the deceased from JUNE 7, 1948, to JUNE 10, 1948;
that I last saw her alive on JUNE 10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 98 hrs
left lower lobe

Due to Bed rest asthē 3-5 days
Dehydration, general arteriosclerosis,

Other conditions Senility & Encephalomalacia - ?
(Include pregnancy within 3 months of death)

Major findings: None Of operations None Of autopsy None
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? _____

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

23. Signature J. E. Heigel (M. D. or _____)
Address 6015 Bunflower Date signed 6/14/48

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

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 *A. M. White*

Licensed Embalmer No. *2972*

P. O. Address *Ferguson, 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.