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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 20 1948

Registration District No. **318**

Primary Registration District No. **1005**

Registrar's No. **8527**

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:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 days** **Memorial**
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **St. Louis, Missouri** (b) County _____

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

(d) Street No. **4252 Nebraska Ave.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME **ANNA SCHEPERS**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **12th**
year **1948** hour **1** minute **55 A** M.

21. I hereby certify that I attended the deceased from **9/6/48**
to **Sept. 12th** 19 **48**
that I last saw her alive on **Sept. 12th** 19 **48**
and that death occurred on the date and hour stated above.

4. Sex **female** / race **white**

5. Color or **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 **March 31 1862**
(Month) (Day) (Year)

Immediate cause of death **Anemia perniciosa** Duration _____

Due to _____

Due to _____

Other conditions **Demoralized by Pt. Ovary**
(Include pregnancy within 3 months of death)

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

86 **5** **11** hr. _____ min.

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation **At home**

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? _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Bernard Schepers**

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

14. Maiden name **Annie Hippler**

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

16. (a) Informant **Mrs. Mary A. Dreher**

(b) Address **4252 Nebraska Ave.**

17. (a) **burial** (b) Date thereof **9-15-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS Peter & Paul Cem.**

18. (a) Signature of funeral director **Gebken-Benz Mortuary**

(b) Address **2842 Meramec St.**

23. Signature **Joseph J. Bredek**
Address **1515 Lafayette** Date signed **9/14/48**
(Specify type of place) (a) Means of injury _____

19. (a) **SEP 14 1948** (Date received local registrar)

J. F. Bredek (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 14 1948

Embalmer separate Cert filing

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.....

Licensed Embalmer No.....

P. O. Address.....

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.