

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9487

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>571</u>		
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla, Rolla</u>		c. LENGTH OF STAY (in this place) <u>8 1/2 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glendale</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>4</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u>			b. (Middle) _____			c. (Last) <u>Schaefers</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1949</u>								
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>May 8 1869</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Months _____	11. UNDER 1 YEAR Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nursing Home Inmate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>xx</u>		11. BIRTHPLACE (State or foreign country) <u>Carnegie, Pa., 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Bardo</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph A. Schaefers, Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>XX</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nursing Home Records</u> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Interstitial nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility 1925</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>6-20, 1948</u> , to <u>3-11, 1949</u> , that I last saw the deceased alive on <u>MARCH 11, 1949</u> , and that death occurred at <u>4:10 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Madeline L. Steel</u>				23b. ADDRESS <u>Rolla, Mo.</u>		23c. DATE SIGNED <u>3-11-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 11, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Removal to St. Louis Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3-15-49</u>		REGISTRAR'S SIGNATURE <u>Madeline L. Steel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Null & Sons Funeral Home, Rolla Mo.,</u>				

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 3/23/49

6700100444

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed B. B. [Signature]

Signed _____
Student Embalmer

Licensed Embalmer No. 3397

P. O. Address Rolla 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.