

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14356**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **2066** Registrar's No. **632**

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 237 E. Madison | | d. STREET ADDRESS (If rural, give location) 237 E. Madison | |
| 3. NAME OF DECEASED a. (First) Edwin b. (Middle) Walter c. (Last) Schramm | | | 4. DATE OF DEATH (Month) (Day) (Year) March 13 1949 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH Feb. 5, 1895 |
| 9. AGE (In years last birthday) 54 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | 11. BIRTHPLACE (State or foreign country) Chesterfield, Mo. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME George P. Schramm | | 13b. MOTHER'S MAIDEN NAME Louisa Marsch | 14. NAME OF HUSBAND OR WIFE Dorothy A. |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy A. Schramm 237 E. Madison |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 420 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 940 | |
| 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) (Min.) | | 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 Nov. 27, 1949 , to March 13, 1949 , that I last saw the deceased alive on 3-10, 1949 , and that death occurred at 11-150 m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE D. S. Werth M.D. (Degree or title) | | 23b. ADDRESS 174 E. Adams, Kirkwood, Mo. | 23c. DATE SIGNED 3-15-49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/16/49 | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Kirkwood 22, Missouri |
| DATE REC'D BY LOCAL REG. 3-15-49 | REGISTRAR'S SIGNATURE Theresa Luning | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfizinger Kirkwood, Mo. |

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *William H. Petersen*.....

Licensed Embalmer No. *4316*.....

P. O. Address *Kirkwood, 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.