

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8492

FILED OCT 13 1949

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS
c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS

d. FULL NAME OF HOSPITAL OR INSTITUTION STATE HOSPITAL
d. STREET ADDRESS (If rural, give location) 16-3724 CHIPPEWA

3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) - c. (Last) Schaefer
4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1949

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH MCH. 12 1866 9. AGE (In years last birthday) 83

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) ILLINOIS
12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME CHARLES SCHWAEDEL 13b. MOTHER'S MAIDEN NAME REGINA REINHARDT 14. NAME OF HUSBAND OR WIFE IGNATIUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH Apr. 1948
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis Hypertension
4:200

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) ST. LOUIS MO. ILLINOIS

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from August 1, 1949, to Oct. 1, 1949, that I last saw the deceased alive on Oct. 1, 1949, and that death occurred at 1/20p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____ 23b. ADDRESS 5400 Arsenal St. 23c. DATE SIGNED 10/1/49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 10-4-49 24c. NAME OF CEMETERY OR CREMATORY CALVARY 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.

DATE REC'D BY LOCAL REG. OCT 3 1949 REGISTRAR'S SIGNATURE J. B. Lanter 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. P. Fendler Jr 7128 MICHIGAN AVE.

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 _____

Van M. Sizemore

Licensed Embalmer No. _____

4343

P. O. Address _____

St. Louis 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.