

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14256

State File No.

BIRTH NO. _____ REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 4454 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Augusta</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Augusta Mo</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>097 1/2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MALKA</u> b. (Middle) <u>SCHAAF</u> c. (Last) <u>SCHAAF</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 24-1950</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Apr. 16-1866</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Clerk in store</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Augusta Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Christopher SchAAF</u>	13b. MOTHER'S MAIDEN NAME <u>Lippman</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Laura SchAAF</u>	ADDRESS <u>Augusta</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>1 yr</u> <u>592X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch Myocarditis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch Nephritis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>depression of rd eye</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 1947 to April 24, 1950, that I last saw the deceased alive on April 23, 1950, and that death occurred at 10:52 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.C. Johnson D.M.D.</u>	23b. ADDRESS <u>Marionville Mo</u>	23c. DATE SIGNED <u>4/27/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Apr. 26-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Augusta City Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Augusta Mo</u>
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DATE REC'D BY LOCAL REG. <u>April 26, 1950</u>	REGISTRAR'S SIGNATURE <u>Miss Beala Fluessman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oliver Shilling</u>	ADDRESS <u>Augusta Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAY 2 1960
District Health Officer No. 9
District File Number

JAN 31 1961

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 Oliver Skilling

Licensed Embalmer No. 3759

P. O. Address Augusta 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.