

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. _____
Registrar's No. **3953**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 3953			
I. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
a. COUNTY					a. STATE Missouri b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township)			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township)						
b. CITY OR TOWN ST. LOUIS, MO					20 th ST. LOUIS 2249						
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL					d. STREET ADDRESS (If rural, give location) 3112 TEXAS 0						
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)		
			ANNABELLE		SCHEFFER				APRIL 29 1950		
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months Days Hours Mins.	
FEMALE		WHITE		MARRIED		OCT. 8 1885		64 6 21			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY		
HOUSEWIFE				AT Home		MISSOURI			U-S-A.		
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE			
HENRY BORGMAN				UNKNOWN				VIRGIL SCHEFFER			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
						VIRGIL SCHEFFER 3112 TEXAS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					1 wk.	
					ANTECEDENT CAUSES						
					MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.						
					DUE TO (b) Hypertensive Cardiovascular Disease						
					DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS					Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)						
					ST. LOUIS MO MISSOURI						
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 June 1949 to April 1950 , that I last saw the deceased alive on April 29, 1950 , and that death occurred at 11:11 m.; from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title)					23b. ADDRESS			23c. DATE SIGNED			
Reginald Dierstein MD					5203 Chippewa			5-1-50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)				
BURIAL		MAY 2 1950		NEW ST. MARCUS			ST. LOUIS MO				
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
MAY 1 1950		J. B. Foster				Thomas Kulis 2906 Gravois					

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 18 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Ernest C. Bell

Signed.....
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2916 Harvard

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.