

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35608

BIRTH NO. 71269-50 REG. DIST. NO. 817 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2559

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) RICHMOND HEIGHTS	c. LENGTH OF STAY (in this place) 2 DAY	c. CITY (If outside corporate limits, write RURAL and give township) CREVE COEUR MD # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSP.		d. STREET ADDRESS (If rural, give location) RURAL 4730 1	

3. NAME OF DECEASED (Type or Print) SCHEPAN	a. (First) MARY	b. (Middle) VIEFHAUS	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) OCT. 22 1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D	8. DATE OF BIRTH OCT. 20, 1950	9. AGE (In years last birthday) 2 Days	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)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) RICHMOND HEIGHTS, MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME RANDOLPH VIEFHAUS	13b. MOTHER'S MAIDEN NAME MARY STRINI	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME RANDOLPH VIEFHAUS, CREVE COEUR MO	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7600

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Precipitate delivery
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22. I hereby certify that I attended the deceased from 10/20, 1950, to 10/23, 1950, that I last saw the deceased alive on 10/21, 1950, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. D. Stalgle (Degree or title) M.D.	23b. ADDRESS 104 N. Adams Ave., Kirkwood	23c. DATE SIGNED 10/23/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 23, 1950	24c. NAME OF CEMETERY OR CREMATORY ST. MONICA	24d. LOCATION (City, town, or county) (State) CREVE COEUR MO
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 23 1950 J. P. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Overland Mo.
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Oscar F Mueller

Signed.....  
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.