

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10412

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2999

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

|                                                                                           |  |                                                                                                                |  |
|-------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY                                                            |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Missouri |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br>St. Louis |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br>St. Louis 2159                 |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>Geitner Home                                   |  | d. STREET ADDRESS (If rural, give location)<br>15 5000 S. Broadway                                             |  |

|                                                  |            |             |                    |                                                       |
|--------------------------------------------------|------------|-------------|--------------------|-------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>Elizabeth | a. (First) | b. (Middle) | c. (Last)<br>Mauch | 4. DATE OF DEATH (Month) (Day) (Year)<br>Mar. 28 1951 |
|--------------------------------------------------|------------|-------------|--------------------|-------------------------------------------------------|

|                  |                           |                                                                 |                                   |                                       |                           |                         |                          |                          |
|------------------|---------------------------|-----------------------------------------------------------------|-----------------------------------|---------------------------------------|---------------------------|-------------------------|--------------------------|--------------------------|
| 5. SEX<br>Female | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widow | 8. DATE OF BIRTH<br>April 23 1862 | 9. AGE (In years last birthday)<br>88 | IF UNDER 1 YEAR<br>Months | IF UNDER 1 YEAR<br>Days | IF UNDER 1 YEAR<br>Hours | IF UNDER 1 YEAR<br>Mins. |
|------------------|---------------------------|-----------------------------------------------------------------|-----------------------------------|---------------------------------------|---------------------------|-------------------------|--------------------------|--------------------------|

|                                                                                                           |                                   |                                                              |                              |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>House wife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)<br>St. Louis Mo. 0 | 12. CITIZEN OF WHAT COUNTRY? |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------|------------------------------|

|                                       |                                        |                                                  |
|---------------------------------------|----------------------------------------|--------------------------------------------------|
| 13a. FATHER'S NAME<br>Theobald Emling | 13b. MOTHER'S MAIDEN NAME<br>Not Known | 14. NAME OF HUSBAND OR WIFE<br>Herman (Deceased) |
|---------------------------------------|----------------------------------------|--------------------------------------------------|

|                                                                                                          |                         |                                                        |                                |
|----------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|--------------------------------|
| 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<br>Frederick Schreak | ADDRESS<br>527 Newport Webster |
|----------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|--------------------------------|

|                                                                                                                                                                                                                               |                                                                                                                                                                                                   |  |                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>20 yr |
|                                                                                                                                                                                                                               | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Arterial Hypertension</i>                                                                                                       |  |                                           |
|                                                                                                                                                                                                                               | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <i>Arterio Sclerosis</i><br>DUE TO (c) <i>Paralysis 19 29</i> |  |                                           |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|-------------------------------------------------------------------------------------|

|                                                |                                                                                          |                                                 |
|------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 21a. ACCIDENT (Specify)<br>SUICIDE<br>HOMICIDE | 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?<br>352K |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------|

22. I hereby certify that I attended the deceased from *Sept 1, 1946*, to *Mar 28, 1951*, that I last saw the deceased alive on *Mar 27, 1951*, and that death occurred at *6:40 P.M.*, from the causes and on the date stated above.

|                                                |                   |                                        |                                    |
|------------------------------------------------|-------------------|----------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><i>F. C. Schumacher M.D.</i> | (Degree or title) | 23b. ADDRESS<br><i>5000 S Broadway</i> | 23c. DATE SIGNED<br><i>3/30/51</i> |
|------------------------------------------------|-------------------|----------------------------------------|------------------------------------|

|                                                     |                      |                                                            |                                                                |
|-----------------------------------------------------|----------------------|------------------------------------------------------------|----------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial | 24b. DATE<br>3-31-51 | 24c. NAME OF CEMETERY OR CREMATORY<br>St. Matthew Cemetery | 24d. LOCATION (City, town, or county) (State)<br>St. Louis Mo. |
|-----------------------------------------------------|----------------------|------------------------------------------------------------|----------------------------------------------------------------|

|                                         |                                                |                                                           |                         |
|-----------------------------------------|------------------------------------------------|-----------------------------------------------------------|-------------------------|
| DATE REC'D BY LOCAL REG.<br>MAR 30 1951 | REGISTRAR'S SIGNATURE<br><i>J. B. Lascater</i> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>Wm. Schumacher</i> | ADDRESS<br>3013 Meramec |
|-----------------------------------------|------------------------------------------------|-----------------------------------------------------------|-------------------------|

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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.

Signed.....  
Student Embalmer

Signed

Student Embalmer No. ....  
*Jack Haupt*  
Licensed Embalmer No. *4746*  
P. O. Address *St. Louis*

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.