

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 9 1951

State File No. 10589
2734
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) 9 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2109
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital			STREET ADDRESS (If rural, give location) 3132 Fair Avenue (15)		
3. NAME OF DECEASED (Type or Print) Anna		a. (First)	b. (Middle) A.	c. (Last) Schaper	4. DATE OF DEATH (Month) (Day) (Year) March 22nd, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 30th, 1896	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Sappington, Missouri		12. CITIZENSHIP OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Reifsteck		13b. MOTHER'S MAIDEN NAME Elizabeth Schulz		14. NAME OF HUSBAND OR WIFE Charles F. Schaper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Unknown	ADDRESS Charles F. Schaper, 3132 Fair Avenue (15)		
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hemorrhagic Pancreatitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe Toxemia DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infarction of liver. Tonic degeneration of myocardium				INTERVAL BETWEEN ONSET AND DEATH 3 weeks
19a. DATE OF OPERATION 3-17-51	19b. MAJOR FINDINGS OF OPERATION Gangrenous Cholecystitis, Cholelithiasis				20. AUTOPSY? YES <input checked="" 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)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 584X				
22. I hereby certify that I attended the deceased from 3-14, 1951, to 3-22, 1951, that I last saw the deceased alive on 3-21, 1951, and that death occurred at 6:15A m., from the causes and on the date stated above.					
23a. SIGNATURE John F. Shaner M.D.		(Degree or title)	23b. ADDRESS 3720 Washington		23c. DATE SIGNED 3-22-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/24/51	24c. NAME OF CEMETERY OR CREMATORY St. Lucas & Park Hill Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. MAR 2 1951	REGISTRAR'S SIGNATURE J. B. Kessler		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.		

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

P

3710 Washington
1 to 4:00 P.m.

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.