

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31819**
Registrar's No. **8160**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION 524 Fassen St.,		d. STREET ADDRESS (If rural, give location) 15 524 Fassen St.,	

3. NAME OF DECEASED (Type or Print) Josephine	a. (First)	b. (Middle)	c. (Last) Schaefer	4. DATE OF DEATH Sept. 12, 1951
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5. SEX Female,	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed, 2	8. DATE OF BIRTH February 10, 1864	9. AGE (In years last birthday) 87	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME Josephine Huemmler,	14. NAME OF HUSBAND OR WIFE Louis Schaefer(deceased)
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Kathryn Haessig, 524 Fassen St.,	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3925.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic myocarditis & Myocardial degeneration		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS, Generalized.		
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 checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR H221
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22. I hereby certify that I attended the deceased from **19 Dec, 1949**, to **12 Sept., 1951**, that I last saw the deceased alive on **12 Sept., 1951**, and that death occurred at **11:55P.m.,** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George A. Gammann MD	23b. ADDRESS 5439 Grassie	23c. DATE SIGNED 14 Sept 51
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24a. BURIAL / CREMATION, REMOVAL (Specify) Burial,	24b. DATE Sept. 15, 1951	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery, St. Louis, Missouri,	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. SEP 14 1951	REGISTRAR'S SIGNATURE Carl Smith, MO	25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary,	ADDRESS 2842 Meramec St.,
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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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.