FILED NOV 24 1951

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39839

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9692

1. PLACE OF DEATH
a. COUNTY: D
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2189
d. STREET ADDRESS (If rural, give location): 15 4440 VIRGINIA

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle):
c. (Last): Tschamper

4. DATE OF DEATH (Month) Nov. (Day) 1 (Year) 1951

5. SEX: MALE D
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 28, 1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STEEL WORKER
10b. KIND OF BUSINESS OR INDUSTRY: UNEMPLOYED
11. BIRTHPLACE (State or foreign country): MISSOURI D
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: ROBT J. TSCHAMPER
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: CHRISTINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488129913
17. INFORMANT'S SIGNATURE OR NAME: Christine Tschamper — ADDRESS: 4440 Virginia

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis due ~~[illegible]~~

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarction
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus; arteriosclerotic heart disease; arterionephrosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4-20

22. *I hereby certify that I attended the deceased from* 10-20-51, *19*___, *to* 11-1-51, *19*___, *that I last saw the deceased alive on* 11-1-51, *19*___, *and that death occurred at* 2:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Spencer Payne, M.D.
23b. ADDRESS: 1515 Lafayette Avenue
23c. DATE SIGNED: 11-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 7
24b. DATE: 11-5-51
24c. NAME OF CEMETERY OR CREMATORY: MT. OLIVE
24d. LOCATION (City, town, or county) (State): LEMAY, Mo.

DATE REC'D BY LOCAL REG.: NOV 2 1951
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. WJG
25. FUNERAL DIRECTOR'S SIGNATURE: FENDLER UND. Co. — ADDRESS: 7420 MICHIGAN

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3665

P. O. Address St Louis, 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.