

No. 300
10. 46

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43596

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4071

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pine Lawn</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>4 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1818 SWITZER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shamrock Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Malinda</u> b. (Middle) _____ c. (Last) <u>Schroep</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 22 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>11/4/1877</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Christy Rayer</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>William Schroep</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Schroep 1818 Switzer</u>	

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		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>unknown</u> <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Parkinson's disease</u> DUE TO (c) <u>Arteriosclerotic Cardiovascular disease</u>		
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"/>
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) <u>4221</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1951, to Dec 22, 1951, that I last saw the deceased alive on Dec 19, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis Littmann M.D.</u>		23b. ADDRESS <u>823 Clayton Rd. (17)</u>		23c. DATE SIGNED <u>12/22/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12/24/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETER</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>		
DATE REC'D BY LOCAL REG. <u>12-23-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed. Kohler Son 3516 N. 17th St.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

6091
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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Ben Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *New York*

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.