

No. 300  
10-48

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 666

1. PLACE OF DEATH  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri. b. COUNTY St. Louis,

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves, 4617

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital.

d. STREET ADDRESS (If rural, give location) 507 Elizabeth Drive

3. NAME OF DECEASED (Type or Print)  
a. (First) ELSIE b. (Middle) LILLIAN c. (Last) SCHAEFER. 4. DATE OF DEATH (Month) (Day) (Year) March 12, 1952.

5. SEX Female. 6. COLOR OR RACE White. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single. 8. DATE OF BIRTH Dec 26, 1893. 9. AGE (In years last birthday) 58. If UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ If UNDER 2 WKS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Secretary.....

11. BIRTHPLACE (State or foreign country) St. Louis, Missouri. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Schaefer. 13b. MOTHER'S MAIDEN NAME Kate Richards. 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give year or dates of service) no. 16. SOCIAL SECURITY NO. Yes. 17. INFORMANT'S SIGNATURE OR NAME Mrs F. Delos Reynolds, ADDRESS 507 Elizabeth Dr.,

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, asphyxia, etc. It means the disease, injury, or complication which caused death.*  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Fractured skull and brain damage- suffered when automobile she was operating was struck by a Frisco passenger train.  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 135 E8104-27 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad right-of-way Webster Groves St. Louis Mo. 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_  
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3/12/52 8:15A. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? Thrown from auto-mobile when car was hit by train.

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold J. Willman (Degree or title) 3 23b. ADDRESS Coroner Clayton, Mo. 23c. DATE SIGNED 3/13/52.

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation. 24b. DATE 3/13/52. 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory. 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

DATE REC'D BY LOCAL REG. 3-12-52 REGISTRAR'S SIGNATURE Herbert R. Donke MD 25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons, ADDRESS 7233 Delmar Blv'd.,

5W (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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Arnold W. Schene*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3864*

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.