

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33389**  
Registrar's No. **8305**

FILED SEP 25 1952

**318**

**1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>33389</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) <b>3 1/2 mths</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2169</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>THE JEWISH HOSP.</b>				d. STREET ADDRESS (If rural, give location) <b>16 3949 S. Grand Blvd.</b>			
3. NAME OF DECEASED a. (First) <b>Susie</b> (Type or Print)		b. (Middle) <b>A.</b>		c. (Last) <b>SCHAEFER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9 - 1 - 1952</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>11-1-1904</b>	
9. AGE (In years last birthday) <b>47</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Charles Martin</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Sharp</b>		14. NAME OF HUSBAND OR WIFE <b>Raymond E. Schaefer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-12-1893</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Raymond E. Schaefer 3949 S. Grand Av</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>METASTATIC "CANCER" GEN'L.</b> ANTECEDENT CAUSES <b>ADENO-</b> <b>ACANTHOMA OF UTERUS</b> Morbidity 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. <b>-</b>				INTERVAL BETWEEN ONSET AND DEATH <b>18 mths.</b>	
19a. DATE OF OPERATION <b>(JUNE 1951)</b>		19b. MAJOR FINDINGS OF OPERATION <b>XRAY EFFECT ON UTERUS - NO TUMOR FOUND. PYOSALPINX</b>				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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>174X</b>					
22. I hereby certify that I attended the deceased from <b>7-1-</b> , 1952, to <b>9-1-</b> , 1952, that I last saw the deceased alive on <b>9-1-</b> , 1952, and that death occurred at <b>2:42</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Dorothy L. Rodgers</b>				23b. ADDRESS <b>M.D. 216 S. Kingshighway</b>		23c. DATE SIGNED <b>9-2-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9-3-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Chamais Mo MO</b>	
DATE RECD BY LOCAL REG. <b>SEP 3 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. J. Ziegenhain 6409 Gravois Ave</b>			

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

90720 1952

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.....

*Van M. Linn*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

4343

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.