

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43797**  
Registrar's No. **11514**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>43797</b>		Registrar's No. <b>11514</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) _____		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>3129a Pennsylvania</b>				d. STREET ADDRESS (If rural, give location) <b>16</b> <b>3129a Pennsylvania</b> <b>0</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Clara</b>		b. (Middle) <b>B.</b>		c. (Last) <b>Schreefer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12/11/52</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Dec. 18, 1889</b>		9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cleaning Business</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Vincense, Indiana</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Henry Schaefer</b>			13b. MOTHER'S MAIDEN NAME <b>Barbara Scheurich</b>			14. NAME OF HUSBAND OR WIFE <b>----</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>		18. SOCIAL SECURITY NO. <b>365-14-9757</b>		17. INFORMANT'S SIGNATURE, OR NAME AND ADDRESS <b>Frances Schreefer-Indianapolis, Ind.</b> <b>312 E. 13th St.</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Primary Carcinoma of Liver</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) <b>Liver</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>		
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>155X</b>					
22. I hereby certify that I attended the deceased from <b>8-5</b> , <del>10-52</del> to <b>12-11</b> , <del>1952</del> , that I last saw the deceased alive on <b>12-10</b> , <del>1952</del> , and that death occurred at <b>2 P. M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>J. Carl Smith</b>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>634 N. Grand</b>		23c. DATE SIGNED <b>12-10-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removals</b>		24b. DATE <b>12/16/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Indianapolis, Ind.</b>			
DATE REC'D BY LOCAL REG. <b>DEC 15 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Wacker-Welder - 3634 Gravois Ave.</b>				

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 \_\_\_\_\_

*Frank J. Howard Sr.*

Licensed Embalmer No. *2675*

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.