

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

10610

State File No. \_\_\_\_\_

FILED MAR 23 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 558

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton,</u>		c. CITY OR TOWN <u>RICHMOND HEIGHTS</u>	
c. LENGTH OF STAY (In this place) <u>1/2 hr</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7425 Forsyth Blvd.</u>		e. STREET ADDRESS (If rural, give location) <u>1115 HAMPTON PARK.</u>	

3. NAME OF DECEASED (Type or Print) <u>ELVIRA</u>		a. (First) <u>Adelaide</u>		b. (Middle) <u>SCHROETER.</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>March 3, 1954</u>	
--	--	----------------------------	--	-------------------------------	--	-----------	--	---	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>April 27, 1881</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 48 HRS. Hours		IF UNDER 1 MIN. Min.	
----------------------	--	-------------------------------	--	---	--	---	--	---	--	---------------------------	--	--------------------------	--	---------------------------	--	-------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>			11. BIRTHPLACE (City and State or Foreign Country) / <u>Milwaukee, Wisconsin</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
--	--	--	---	--	--	---	--	--	--	--	--

13a. FATHER'S NAME <u>Adolph Carl Zinn.</u>			13b. MOTHER'S MAIDEN NAME <u>Adelheide M. Fink.</u>			14. NAME OF HUSBAND OR WIFE <u>Charles G. Schroeter.</u>		
--	--	--	--	--	--	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Adelaide Schroeter, 1115 Hampton Park.</u>			
---	--	--	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac failure</u>						<u>30 minutes</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic and Hypertensive Heart Disease</u>						<u>2 yrs.</u>	
		DUE TO (c) <u>cardiac decompensation</u>						<u>2 yrs.</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 <u>4200</u>						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) 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 7-2, 1954, to 9-3, 1954, that I last saw the deceased alive on 3-1, 1954, and that death occurred at 2 1/2 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur K. Trisep MD</u>		(Degree or title)		23b. ADDRESS <u>1850 Kings Highway</u>		23c. DATE SIGNED <u>3-4-54</u>	
--	--	-------------------	--	---	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/5/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Home Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Milwaukee, Wisconsin.</u>	
---	--	------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>3/4/54</u>		REGISTRAR'S SIGNATURE <u>Hebert B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. R. Lupton &amp; Sons; 7233 Delmar Blvd.,</u>	
---	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

APR 16 1957

APR 16 1957

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.....  
Signature of Student Embalmer

Signed *Arnold W. Schoen*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.