No. 300
10-48

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25849

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1779

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Koch, Missouri
c. LENGTH OF STAY (in this place): 3 y. 1½ mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: 2099
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 1
d. STREET ADDRESS (If rural, give location): 4140 West Florissant

3. NAME OF DECEASED (Type or Print)
a. (First): Alexander
b. (Middle): —
c. (Last): Schaar

4. DATE OF DEATH (Month) 7 (Day) 20 (Year) 1954

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: 5-28-1883
9. AGE (In years last birthday): 71 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired credit manager
10b. KIND OF BUSINESS OR INDUSTRY: Credit Company
11. BIRTHPLACE (City and State or Foreign Country): Hungary 8
12. CITIZEN OF WHAT COUNTRY?: Russia 2

13a. FATHER'S NAME: Rudolph Schaar
13b. MOTHER'S MAIDEN NAME: Amelia Stern
14. NAME OF HUSBAND OR WIFE: Flora Schaar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: S. Stephen Mowrson, M.D. — ADDRESS: Koch, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): bronchopneumonia, right lung — INTERVAL BETWEEN ONSET AND DEATH: 8 days

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: pulmonary tuberculosis, active — 3 y. 8 mos. (2)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 002x
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-29, 1951, *to* 7-20, 1954, *that I last saw the deceased alive on* 7-20, 1954, *and that death occurred at* 12 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Axel R. Gronau M.D. 0
23b. ADDRESS: Robert Koch Hospital, Koch, Mo.
23c. DATE SIGNED: 7-21-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 7-22-54
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: 7/22/54
REGISTRAR'S SIGNATURE: Herbert H. Lomke
25. FUNERAL DIRECTOR'S SIGNATURE: Math Hermann-Inc. — ADDRESS: 2161 E. Price

(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 Not Embalmed, Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Clyde H. Leib

Licensed Embalmer No. .....

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.