

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32721

BIRTH NO.		REG. DIST. NO. 517		PRIMARY REG. DIST. NO. 500		Registrar's No. 2328			
1. PLACE OF DEATH a. COUNTY <i>Saint Louis</i> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Ferdinand</i> c. LENGTH OF STAY (In this place) <i>4 years</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Ferdinand</i> d. STREET ADDRESS (If rural, give location) <i>11755 Riverview Drive</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Sister Mary Loretta</i> b. (Middle) <i>Schaefer</i> c. (Last) <i>Schaefer</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 3 1954</i>					
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Religious - Single</i>		8. DATE OF BIRTH <i>July 26, 1870</i>			
9. AGE (In years last birthday) <i>84</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Religious</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Heidelberg Germany</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Teaching</i>				11. BIRTHPLACE (City and State or Foreign Country) <i>Heidelberg Germany</i>					
13a. FATHER'S NAME <i>John Schaefer</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Scheninger</i>		14. NAME OF HUSBAND OR WIFE <i>Unmarried</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Sister Mary Gutrode, 11755 Riverview</i>					
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) <i>Hypertensive C-V disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocarditis acute</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Serility.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs</i> <i>1 week</i>	
19a. DATE OF OPERATION <i>X</i>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>X</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) <i>X</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>443X</i>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>X</i>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <i>March, 1951</i> , to <i>10-3</i> , 1954, that I last saw the deceased alive on <i>9-27</i> , 1954, and that death occurred at <i>10:00 P.M.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>J. Weyand</i> (Degree or title) <i>MD</i>				23b. ADDRESS <i>832 N. Broadway</i>		23c. DATE SIGNED <i>10-4-54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>October 6, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Villa Bean</i>		24d. LOCATION (City, town, or county) (State) <i>11755 Riverview St. Louis Missouri</i>			
DATE REC'D BY LOCAL REG. <i>10-13-54</i>		REGISTRAR'S SIGNATURE <i>H. School</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>St. Anthony's Funeral Home, 7420 Michigan</i>					

(Licensed Embalmers' 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W. J. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Mickey

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.