

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

39766

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2443</u>	
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 town or township) <u>Creve Coeur</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY OR TOWN <u>Creve Coeur</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>9851 A Olive St. Rd.</u>				STREET ADDRESS (If rural, give location) <u>9851 A Olive St. Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorothy</u>			b. (Middle) <u>Barbara</u>		c. (Last) <u>Schaeg</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18, 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 24, 1888</u>		9. AGE (in years last birthday) <u>56</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Schaedler</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Kramer</u>		14. NAME OF HUSBAND OR WIFE <u>Bernhard Schaeg</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>Mr. Bernard Schaeg, Creve Coeur, Mo.</u>			
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) <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES DUE TO (b) <u>ARTERIO SCLEROSIS</u> DUE TO (c) <u>NONE</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>					INTERVAL BETWEEN ONSET AND DEATH <u>FEW HOURS</u> <u>YEARS -</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>			
22. I hereby certify that I attended the deceased from <u>JAN. 5, 1950</u> , to <u>OCT. 18, 1954</u> , that I last saw the deceased alive on <u>OCT. 17, 1954</u> , and that death occurred at <u>2:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. R. Loving, MD</u>				23b. ADDRESS <u>BALLWIN, MO.</u>		23c. DATE SIGNED <u>10-20-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/23/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Pond, Mo.</u>		
DATE REC'D BY LOCAL REG <u>10/20/54</u>		REGISTRAR'S SIGNATURE <u>Harold B. Romberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u>			

(Licensed Embalmer's Seal to be placed on Reverse Side)

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

b. 300
b. 48

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..... *Richard Bopp*

Licensed Embalmer No. *458*

P. O. Address *Ballwin,*

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.