No. 300
10.48

FILED JUN 7 1955

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

State File No. 17268

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1172

**1. PLACE OF DEATH**
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHMOND HEIGHTS
c. LENGTH OF STAY (in this place): 11 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST MARYS

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: ST CLAIR
c. CITY OR TOWN: SMITHTON
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): NONE

8120 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): IDA
b. (Middle):
c. (Last): SCHAEFER

4. DATE OF DEATH (Month) (Day) (Year): 5-23-55

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 1-31-1876
9. AGE (In years last birthday): 79 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (City and State or Foreign Country): NEW YORK
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: CHARLES P. SCHAEFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: V. Margaret Gruss — ADDRESS: ST LOUIS 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): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: None

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): General arteriosclerosis — 5 yrs +
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: Osteoporosis - fracture Rt hip — 3 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201F
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* 1950, 19__, *to* 5/23, 1955, *that I last saw the deceased alive on* 5/23, 1955, *and that death occurred at* 6.25 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gaspard Scioptino MD
23b. ADDRESS: 5501 A St Louis Ave
23c. DATE SIGNED: 5/24/55

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 5-24-55
24c. NAME OF CEMETERY OR CREMATORY: ST. JOHNS
24d. LOCATION (City, town, or county) (State): SMITHTON ILLINOIS

DATE REC'D BY LOCAL REG.: 5/24/55
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. Renner — ADDRESS: Belleville Ills.

(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 emb

by me, or by ....not Embalmed...., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Geo. Renner....

Licensed Embalmer No. 23

P. O. Address Belleville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.