

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24319**
5803
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital		d. STREET ADDRESS (If rural, give location) 12 5351 Delmar	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) E. c. (Last) Schaefer			4. DATE OF DEATH (Month) (Day) (Year) 7-5-55		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 2-9-1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Days 4 Hours 6 Min. _____
10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State) St. Louis, Mo.	

13a. FATHER'S NAME Henry Engelking		13b. MOTHER'S MAIDEN NAME Marie Wisberg		14. NAME OF HUSBAND OR WIFE Herman L. Schaefer, Dec'd.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Louis C. Robertson, 5351 Delmar	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Heart disease		1 year	
DUE TO (c) _____			
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	

22. I hereby certify that I attended the deceased from **5-20-**, **1953**, to **7-5-**, **1955**, that I last saw the deceased alive on **7-4-**, **1955**, and that death occurred at **3 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Louis C. Robertson M.D.		23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 7-5-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July, 7, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Missouri			

DATE REC'D BY LOCAL REG. Jul 6 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Witt Bros. Liv. & Und. Co. 2929 S. Jeff. Av.	
--	--	---	--	--	--

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

J. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So. Jefferson Ave

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.