

S. No. 300  
V. 10.48

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35137

State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9197**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1119 Montgomery</b>		e. STREET ADDRESS (If rural, give location) <b>26 1119 Montgomery</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Matilda</b> b. (Middle) c. (Last) <b>Schaiper</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 18 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>March 27 1885</b>
9. AGE (In years last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dressmaker</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Waterloo Ill.</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Tailoring</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Henry Schaiper</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Sauer</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Rose Sievers</b>	ADDRESS <b>1738a Lafayette Ave.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infarctus Inconferentary</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rheumatica Intracta</b> DUE TO (c) <b>Arterio Sclerosis</b>		
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4210	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1935**, 19\_\_\_, to **1955**, 19\_\_\_, that I last saw the deceased alive on **Oct 15, 1955**, and that death occurred at **7 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. J. Schweininger M.D.</b>	23b. ADDRESS <b>447 North E. Bridge</b>	23c. DATE SIGNED <b>10-19-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10/22/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter and Paul Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Waterloo Ill.</b>
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DATE REC'D BY LOCAL REG. <b>OCT 21 1955</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith m.d.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sullivan's</b>	ADDRESS <b>2849 No. Euclid Ave.</b>
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(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.....  
Signature of Student Embalmer

Signed *Albert Mayfield*.....

Licensed Embalmer No. *3071*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**