

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38822**
Registrar's No. **9806**

FILED NOV 18 1955

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1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			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. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 1436 McCausland
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			d. STREET ADDRESS (If rural, give location) 1436 McCausland		
3. NAME OF DECEASED (Type or Print) a. (First) ELLEN b. (Middle) WILSON c. (Last) SCHAEFER			4. DATE OF DEATH (Month) (Day) (Year) Nov. 8 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 21, 1879	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 4 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Yorkshire, England		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME George Binks		13b. MOTHER'S MAIDEN NAME Elizabeth Patterson		14. NAME OF HUSBAND OR WIFE Harry D. Schaefer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Rosemary McMahon ADDRESS 7405 Canton U. C. 5		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure & myocarditis ANTECEDENT CAUSES arteriosclerosis general DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 months 10 years
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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) 422.1		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from April 2, 1952 , to Nov. 8, 1955 , that I last saw the deceased alive on Nov. 8, 1955 , and that death occurred at 9:30 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Wm. Becke, M.D.			23b. ADDRESS 3720 Washington Ave.		23c. DATE SIGNED 11-8-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 10, 1955	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City; town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. NOV 10 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 6633 Clayton Rd. ADDRESS _____	

M. J. B. (Licensed Embalmer's Statement on Reverse Side)

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

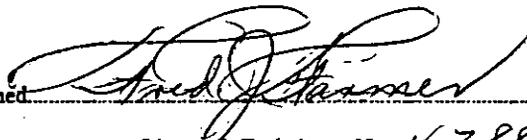
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 4788

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 this body is not embalmed, fact should be so stated above.