

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7167
State File No. 1925

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

| | | | |
|---|-------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, | | c. CITY OR TOWN St. Louis, | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) | | e. STREET ADDRESS (If rural, give location) 5522 Louisiana Ave., 21575 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital, | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Josephine | b. (Middle) |
| | | c. (Last) Schaefer | |
| 4. DATE OF DEATH (Month) (Day) (Year) February 21, 1956 | | | |
| 5. SEX Female, | 6. COLOR OR RACE White, | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed. | 8. DATE OF BIRTH July 1, 1889 |
| 9. AGE (In years last birthday) 66 | | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker, | | 10b. KIND OF BUSINESS OR INDUSTRY Johansen Bros. Shoe Co. | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri, |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Herman Groepper, | | 13b. MOTHER'S MAIDEN NAME Anna Wotawa | |
| 14. NAME OF HUSBAND OR WIFE Albert A. Schaefer, deceased. | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 498-07-1659 | |
| 17. INFORMANT'S SIGNATURE OR NAME, ADDRESS, CITY, STATE, AND ZIP CODE Robert A. Schaefer, 9416 Koerber Lane, Affton, Mo. | | | |

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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, asthenia, 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) | | Arteriosclerotic Heart Disease | | 4 weeks | |
| ANTECEDENT CAUSES | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | Rheumatic Heart Disease | |
| 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. | | | |

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|--|--|--|--|--|--|
| 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 1-15, 1949, to Feb 21, 1956, that I last saw the deceased alive on Feb 20, 1956, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

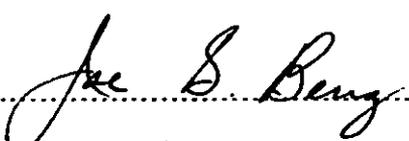
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|---|--|-----------------------|--|---|--|
| 23a. SIGNATURE | | 23b. ADDRESS | | 23c. DATE SIGNED | |
| 24a. BURIAL OR CREMATION, REMOVAL (Specify) Removal, | | 24b. DATE 2/25/56 | | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery, | |
| 24d. LOCATION (City, town, or county) St. Louis County, Mo. | | 24e. STATE | | | |
| DATE REC'D BY LOCAL REG. FEB 23 1956 | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo. | |

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 byme....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4244
2842 Meramec
P. O. Address..St., Louis, Mo., 1

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.