

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22103**

FILED JUN 25 1956

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **5711**

|   |                           |  |  |   |   |   |                                  |
|---|---------------------------|--|--|---|---|---|----------------------------------|
| BIRTH NO. _____   |                           | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>  |   | Registrar's No. <b>5711</b>   |                                  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                           |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</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) <b>14 days</b>   |  | c. CITY OR TOWN <b>St. Louis</b>  |   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis, Chronic Hospital</b>  |                           |  | e. STREET ADDRESS (If rural, give location) <b>17 7 Hortus Ct.</b>   |   | 2179<br>0   |   |                                  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <b>Caroline</b> b. (Middle) _____ c. (Last) <b>Schaefer</b>  |                           |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>6 14 1956</b>   |   |   |   |                                  |
| 5. SEX <b>F</b>   | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>                                  | 8. DATE OF BIRTH <b>2/2/1873</b>   | 9. AGE (In years last birthday) <b>83</b>   | IF UNDER 1 YEAR Months _____  | IF UNDER 1 YEAR Days _____  | IF UNDER 1 Hrs. Hours _____      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired housewife</b>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>                           |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |                                  |
| 13a. FATHER'S NAME <b>? Abele</b>   |                           | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>William Schaefer</b>   |   |   |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>  |                           | 16. SOCIAL SECURITY NO. <b>none</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>St. Louis Chronic Hosp., 5600-5800 Arsenal</b> |   |   |                                  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  |                           |  | MEDICAL CERTIFICATION  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>  |                           |  | DUE TO (b) <b>Hypertensive Cardiovascular Disease</b>  |   |   |   | <b>6 days</b>                    |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |                           |  | DUE TO (c) <b>Disease</b>  |   |   |   | <b>yes</b>                       |
| 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 _____   |  | 443x  |   | 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) _____   |                           | 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 <b>5/31</b> , 19 <b>56</b> , to <b>6/14</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>6/14</b> , 19 <b>56</b> , and that death occurred at: <b>5:00 p.m.</b> , from the causes and on the date stated above. |                           |  |  |   |   |   |                                  |
| 23a. SIGNATURE <b>Henry M. Trunk</b> (Degree or title) <b>MD</b>  |                           |  | 23b. ADDRESS <b>5600 Arsenal, St. Louis, Mo.</b>   |   |   | 23c. DATE SIGNED <b>6/15/56</b>   |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |                           | 24b. DATE <b>6-18-56</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cemetery</b>  |   | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b> |   |                                  |
| DATE REC'D BY LOCAL REG. <b>JUN 15 1956</b>   |                           | REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>J.B. Smith</b>  |   | ADDRESS <b>Maplewood, Missouri</b>  |                                  |

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.....  
*A. C. Burgess*

Licensed Embalmer No. *4029*

P. O. Address.....  
*Mpls.*

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.