No. 300
10.48

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

FILED FEB 25 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 6604

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1018

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 9mo. 10dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Chronic Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3400 Hartford St.

26 / 3167

**3. NAME OF DECEASED** (Type or Print)
a. (First): (Minnie)
b. (Middle): Wilhelmina
c. (Last): Schlaikjer

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 30, 1957

**5. SEX**: female 1
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widow 2
**8. DATE OF BIRTH**: August 26, 1870
**9. AGE** (In years last birthday): 86 — If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours ____ Min. ____

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housework
**10b. KIND OF BUSINESS OR INDUSTRY**: At Home
**11. BIRTHPLACE** (City and State or Foreign Country): Germany 4
**12. CITIZEN OF WHAT COUNTRY?**: US.A.

**13a. FATHER'S NAME**: Frederick Meyer
**13b. MOTHER'S MAIDEN NAME**: Unknown Blanke
**14. NAME OF HUSBAND OR WIFE**: Carl Schlaikjer, dec'd

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): Nil
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: E. Fred Schlaikjer
**ADDRESS**: 10845 Bernadine Dr., Affton, Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

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.* 420.0

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [ ] NO [X] 2

**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 [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* April 20, 1956, *to* Jan. 30, 1957, *that I last saw the deceased alive on* Jan. 30, 1957, *and that death occurred at* 2:00 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John Niederwimer, M.D.
**23b. ADDRESS**: 5800 Arsenal St.
**23c. DATE SIGNED**: 1-31-57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Cremation
**24b. DATE**: 2-1-57
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Grove Crematory
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri.

**DATE REC'D BY LOCAL REG.**: JAN 31 '57
**REGISTRAR'S SIGNATURE**: J Earl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Albert H. Hoppe, 4700 Washington Blvd.,

MSO. (Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, M

-- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.