

FILED APR 9 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012264
State File No.

3651
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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) St. Louis, Mo. c. LENGTH OF STAY (In this place) 15 days
c. CITY OR TOWN St. Louis, d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Chronic Hospital
e. STREET ADDRESS (If rural, give location) 4966 Pernod Ave.,

3. NAME OF DECEASED (Type or Print) a. (First) Lydia b. (Middle) A. c. (Last) Schaefer 4. DATE OF DEATH (Month) (Day) (Year) March 29 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH Aug. 18, 1879 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 1 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) Illinois 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Siemens 13b. MOTHER'S MAIDEN NAME Agnes Wurtz 14. NAME OF HUSBAND OR WIFE Late Julius A. Schaefer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Leora Schaefer ADDRESS 4966 Pernod Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilat. Bronchopneumonia
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused 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) 491+
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease 2 inf.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 2

22. I hereby certify that I attended the deceased from March 4, 1958 to March 29, 1958, that I last saw the deceased alive on March 29, 1958, and that death occurred at 2:10 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Beckham, M.D. 23b. ADDRESS 5800 Arsenal 23c. DATE SIGNED 3/31/58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Apr. 1, 1958 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 31 1958 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.

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 *Edwin A. M. Mearns*.....
30 27

Licensed Embalmer No.....

P. O. Address.....

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.