

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023732
STATE FILE NUMBER
6435

FILED JUL 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6435

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|---|---------------------------|---|--|--|--|
| 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, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. LOUIS CITY HOSP. #1. INSTITUTION | | Length of stay in lb #1. | d. STREET ADDRESS (If outside, give location) 3920a Giles | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last GERTRUDE L. SCHROFF | | | 4. DATE OF DEATH Month Day Year JUNE 24, 1958 | | |
| 5. SEX female / | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 23, 1881 | 9. AGE (In years at birthday) 77 | F UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0 | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Louis Gersie | | 13b. MOTHER'S MAIDEN NAME O. Jacobs | | 14. NAME OF HUSBAND OR WIFE William Schroff | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Wm. Schroff 3920a Giles | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Arteriosclerotic Nephrosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 446x | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 Mo 5 Yrs. |
| 20a. ACCIDENT SUICIDE - HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 6-12-58, to 6/24/58 and last saw her alive on 6/24/58 Death occurred at 11:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) John W. Smith M.D. 0 | | | 22b. ADDRESS 1515 LAFAYETTE AVE. | | 22c. DATE SIGNED 6/24/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 6-27-58 | 23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem. | | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home 6322 S. Grand, St. Louis, Mo. | | | 25. DATE RECD. BY LOCAL REG. JUN 26 1958 | 26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. M. JTB. | |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *David Van Arman*

Licensed Embalmer No. *1262*

P. O. Address *St Louis*

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.