

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030939

STATE FILE NUMBER

7843

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7843

FILED AUG 28 1958

| | | | |
|---|----------------------------------|---|--|
| 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 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6136 A South West | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 6136A South West Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First IMOGENE Middle -- Last SCHRAMM | | | 4. DATE OF DEATH Month 8 Day 10 Year 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 8-13-1932 |
| 9. AGE (In years Birthday) 25 | | IF UNDER 1 YEAR Month 11 Days 28 | IF UNDER 24 HRS. Hours -- Min. -- |
| 10a. USUAL OCCUPATION (Give kind of work done during part of life, even if retired) at home | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Mark Tree Ark. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Mc Kinley Willard | |
| 13b. MOTHER'S MAIDEN NAME Lois Willard | | 14. NAME OF HUSBAND OR WIFE Otto A Schramm | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, No, or date of release of service) No | | 16. SOCIAL SECURITY NO. 489-38-5783 | 17. INFORMANT Address O.A. Schramm 6136 A So West |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Stomach Conditions, if any, which gave rise to above cause (a), showing the underlying cause last. DUE TO (b) E. Tuberculosis DUE TO (c) 151A | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 March 56 to 11 Aug 58 and last saw her alive on 12 June 58 Death occurred at 12:00 PM Sunday on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) A. J. Catanzaro MD | |
| 22b. ADDRESS 2705 Cleburn Ave | | 22c. DATE SIGNED 8-12-58 | |
| 23a. BURIAL, CREMATION, or other disposition Removal | 23b. DATE 8-13-1958 | 23c. NAME OF CEMETERY OR CREMATORY National Cem. | 23d. LOCATION (City, town, or county) (State) Jefferson Brks. Mo. |
| 24. FUNERAL DIRECTOR WINGBERMUEHLE 3819 So. Grand Blvd | | 25. DATE RECD. BY LOCAL REG. 8-13 AUG 12 '58 | 26. REGISTRAR'S SIGNATURE Carl Smith MD |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

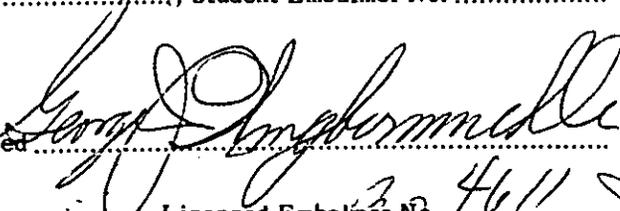
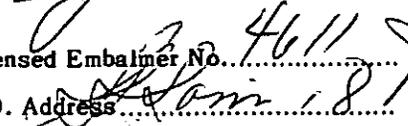
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 
Licensed Embalmer No. 324611
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.