

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046262

STATE FILE NUMBER

11550

FILED JAN 6 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Koch, Mo. 4000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 St. Louis City Hosp. | | Length of stay in lb 6 days | d. STREET ADDRESS (If outside, give location) Koch Hospital Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last FRED C. SCHAPER | | | 4. DATE OF DEATH Month Day Year Nov. 30th 1958 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 28, 1889 |
| 9. AGE (In years and months) 69 | | 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) Gardner | | 10b. KIND OF BUSINESS OR INDUSTRY Koch Hospital | 11. BIRTHPLACE (City and state or country) St. Louis County, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Henry Schaper | |
| 13b. MOTHER'S MAIDEN NAME Sophie Niemeyer | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No. None | | 16. SOCIAL SECURITY NO. 488-26-9247 | 17. INFORMANT Minnie Schaper 435 Forder Rd. Address Lemay (25) Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Oedema DUE TO (b) Paralytic Illness DUE TO (c) Compound fracture of the Right Leg PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). suffered when struck by car vicinity of Broadway and Catalan Sts. about 5:36 p.m., November 24, 1958. | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1 Street | | |
| 20c. TIME OF INJURY Hour Month, Day, Year 5:06 p.m. = 11 24 58 | 20f. CITY, TOWN, OR LOCATION St Louis Mo | | |
| 21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at _____ 250 a. m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) Deputy James M Kelly Clerk | |
| 22b. ADDRESS 1300 Clark | | 22c. DATE SIGNED 12-1-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Dec. 3, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Mausoleum | 23d. LOCATION (City, town, or county) (State) Lemay (25) Mo. |
| 24. FUNERAL DIRECTOR Fendler Und. Co., 7420 Michigan (11) | | 25. DATE RECD. BY LOCAL REG. DEC 1 '58 | 26. REGISTRAR'S SIGNATURE J. Carl Smith Mo JCS |

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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7420 Me*

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.