

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004019

FILED VS JAN 15 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2-37** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b 2 Years	c. CITY OR TOWN St. Louis, Mo.,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4240 John Avenue		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4240 John Avenue		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HULDA Middle SCHAEPERKOETTER Last			4. DATE OF DEATH Month January , Day 2nd , Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-14-1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.,	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles Tannert,		13b. MOTHER'S MAIDEN NAME Christine ---		14. NAME OF HUSBAND OR WIFE (Deceased), Louis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mr Louis C, Schaeperkoetter 4240 John Ave.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Posterior Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Arteriosclerotic Heart Disease ?
DUE TO (c) 4200					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 1940 to Jan. 2, 1960 and last saw her/him alive on Jan. 1, 1960 Death occurred at 8:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert C. M. Egan (Degree or title) M.D.		22b. ADDRESS 4356 Warne Avenue (7)		22c. DATE SIGNED 1-4-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1-6-1960	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR Math. Hermann & Son Inc., 2161 E. Fair		25. DATE RECD. BY LOCAL REG. JAN 4 1960		26. REGISTRAR'S SIGNATURE Earl Smith. M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herford B. Beasley
Licensed Embalmer No. 4203

P. O. Address Howell

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.