

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 1505 STATE FILE NUMBER 62-021499

FILED MAY 28 1962	
1. PLACE OF DEATH	
a. COUNTY <u>St. Louis</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webster Groves</u>	a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>105 N. Elm</u>	c. CITY OR TOWN <u>Webster Groves</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	d. STREET ADDRESS (if outside, give location) <u>105 N. Elm</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First <u>Henni</u> Middle <u>Schrijver</u> Last <u>Schrijver</u>	Month <u>May</u> Day <u>18</u> Year <u>1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-12-1909</u>
9. AGE (last birthday) <u>52</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Technical Engineer</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Alco Valve Co.</u>	11. BIRTHPLACE (City and state or country) <u>Indonesia</u>
12. CITIZEN OF WHAT COUNTRY <u>Holland</u>	13a. FATHER'S NAME <u>Michael Schrijver</u>
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Winifred Henry Schrijva</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>[Redacted]</u>
17. INFORMANT <u>Mrs. Winifred Henry Schrijver</u>	Address <u>105 N. Elm</u> City <u>W.H.</u>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>stat</u>	
DUE TO (b) <u>arteriosclerotic heart disease</u> <u>3 yrs</u>	
DUE TO (c) _____	
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20. 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. Month, Day, Year _____	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 <u>Oct 1958</u> to <u>May 18, 1962</u> and last saw her give on <u>Apr. 29, 1962</u>	
Death occurred at <u>12:30 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Robert M. Smith MD</u>	22b. ADDRESS <u>114 N. Taylor</u>
22c. DATE SIGNED <u>5/18/62</u>	(State) _____
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>5-18-1962</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>	23d. LOCATION (City, town, or county) <u>St. Louis County</u>
24. FULL ADDRESS OF FUNERAL DIRECTOR <u>MITTELBERG - GERBER COLONIAL CHAPEL WEBSTER GROVES 19, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>5-18-62</u>
26. REGISTRAR'S SIGNATURE <u>John B. Murphy MD</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 1 4007
 2 4007
 3
 4 0
 5 1
 6
 7 2
 8 2
 9 4200
 10
 11
 12 90
 13
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

Not Embalmed
Paul Rasmus

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. _____

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.