

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036697

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8727 STATE FILE NUMBER

FILED SEP 17 1962

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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hoasp		d. STREET ADDRESS (If outside, give location) 7411 Virginia	
3. NAME OF DECEASED (Type or print) First Susan Middle Scheppe Last Scheppe		4. DATE OF DEATH Month 9 Day 8 Year 62	
5. SEX female	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 9-7-62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Fred Scheppe	
13b. MOTHER'S MAIDEN NAME Janette Drochter		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Fred Scheppe		Address 7411 Virginia	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Interventuscular septal defect DUE TO (b) Congenital DUE TO (c) 754.2 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 days
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 checked="" type="checkbox"/> NO <input 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 2:30 a.m. p.m.	Month, Day, Year 9-7-62	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 9-7-62 to 9-9-62 and last saw her/him alive on 9-9-62 Death occurred at 2:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edith Smith M.D.		22b. ADDRESS 3654 S Grand	
22c. DATE SIGNED 9-10-62		22d. LOCATION (City, town, or county) (State) St. Louis, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-10-62	23c. NAME OF CEMETERY OR CREMATORY St Peter & Paul	
23d. LOCATION (City, town, or county) (State) St. Louis, Mo		24. FUNERAL DIRECTOR ADDRESS Weick Bros 2201 S. Grand Blvd.,	
25. DATE RECD. BY LOCAL REG. SEP 10 1962		26. REGISTRAR'S SIGNATURE Edith Smith, M.D.	

VS 300 Rev. 4/59
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

73

Dr. Chris Zetter
3654 S. Grand Blvd.
Detroit 108

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 no Embalming, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Heriberto Bros Undertaking Co
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.

On, 31st day of, 1958

State of Michigan, Department of Health