

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40804
Registrar's No. 208A

DEC 9 - 1939
Registration District No. 784

Primary Registration District No. 109

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(c) Name of hospital or institution: 3147 Walter
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Schaaf
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George John Schaaf 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 5, 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 8 20 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Zeff

18. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Clara Lantz

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elizabeth Smith

(b) Address Chicago, Ill.

17. (a) Burial, cremation, or removal Burial (b) Date thereof 11-28-1939
(Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) NOV 27 1939 (Date received local registrar)
(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3147 Walter
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 25
year 1939 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 1, 1939, to Nov 24, 1939
that I last saw her alive on Nov 24, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Duration few days

Due to _____
Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death) years

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: _____

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work _____ (Specify type of place)
(a) Means of injury 1st

28. Signature Unsent Hornum (M. D. or other) MD
Address 3101 Sutton Ave Date signed 11/27/39
Maplewood Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4029

P. O. Address. Maplewood

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 this body is not embalmed, above space should be left blank.