DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 416

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 416

FILED FEB 17 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Luthern Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Longtown NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Julia Schaupert 165

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elmer Schaupert

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 21, 1890.
(Month) (Day) (Year)

8. AGE: Years 49 | Months 9 | Days 21 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Andrew Knoll
13. Birthplace Friedenburg (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Amelia Ochs
15. Birthplace Friedenburg (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Elmer Schaupert
(b) Address Longtown Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/15/40 (Month) (Day) (Year)
(c) Place: burial or cremation Longtown Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4780 Washington Blvd.

19. (a) JAN 15 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1940 hour 10 45 AM minute M.

21. I hereby certify that I attended the deceased from 1/9/40, 19, to 1/12/40, 19; that I last saw h. Sa alive on 1/12/40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	5 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Extreme obesity	15 years
Major findings: Of operations None	
Of autopsy Chronic Myocarditis	

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Thos. H. Hanson (M. D. or other) M. D.
Address 3651 Grandel Sq Date signed 1/13/40

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER ONLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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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 Wilford Burnley, Registered Apprentice No. 1 working under my personal supervision.

Signed Albert F. Hoppe

Licensed Embalmer No. 2971

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