

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1058**

FILED MAR 12 1940

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3940a Lexington Ave.
 (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)

3. (a) PRINT FULL NAME Emma Bertha Schaeperkoetter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife F. Henry Schaeperkoetter 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 7 1867
 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 23 If less than one day 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 George Benninger

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

14. Maiden name Kemp

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

16. (a) Informant's own signature F. Henry Schaeperkoetter

(b) Address 3940a Lexington Ave.

17. (a) Burial (b) Date thereof 2/2/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director Raymond Von Frey Inc

(b) Address 3402 No. Kingshighway

19. (a) FEB 2 1940 (b) J. B. Boshack
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3940a Lexington Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 30
 year 1940 hour 11:00 minute 00 a. M.

21. I hereby certify that I attended the deceased from Jan 6, 1940
 to Jan 30, 1940

that I last saw her alive on Jan 29, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chn myocarditis Duration 2 yrs.

Due to obesity

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

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? _____

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

28. Signature Daniel S. Pruett (M. D. or other)

Address 3126 N. Grand Date signed 2-1-40

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.....

Guy W Wilkinson

Licensed Embalmer No..... *3575*

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.