

3. No. 2  
-11-10-39  
5-17-39  
-I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36413

FILED NOV 25 1940

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1889

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2  
(Specify whether \_\_\_\_\_)

In this community 27 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")

(d) Street No. 7414 Starter  
(If rural, give location)

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

3. (a) PRINT FULL NAME CORNELIA SCHAAF

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F. 5. Color or race W.

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

6. (b) Name of husband or wife FREDERICK SCHAAF

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

7. Birth date of deceased MARCH 5th 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days - If less than one day - hr. - min.

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

10. Usual occupation Housewife

11. Industry or business 4

12. Name William Muir

13. Birthplace Edinburg, Scotland  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Stewart

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

16. (a) Informant Fredrick SchAAF

(b) Address 7414 Starter

17. (a) Buried (b) Date thereof Oct. 2, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Walter Boehlke

(b) Address 6536 Clayton Road

19. (a) OCT - 7 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5  
year 1940 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Jan 1  
1939, to Oct 5, 1940

that I last saw him alive on \_\_\_\_\_, 19   ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with infarct

Duration 22 min

Due to Chronic infarct advanced

Due to more

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

PHYSICIAN

Major findings: X 131

Of operations \_\_\_\_\_

Of autopsy more made

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 Wm T Henschel (M. D. or other) 1274

Address 3500 N Grant Date signed 10/7/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6  
7  
2

**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 Wm Rogers

Licensed Embalmer No. 3905

P. O. Address Richmond Heights

**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.