

S. No. 2
M-5-43
7-5-17-39
I X36571

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17989**

FILED MAY 20 1948
378

Registration District No. **378** Primary Registration District No. **1003** Registrar's No. **4491**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis 18, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5/12/39
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 18,
(If outside city or town limits, write "RURAL")
 (d) Street No. 3520 Chippewa
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME SISTER M CLOTHILDA (born, Bertha Schaefer)
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1948 hour 8 minute 50 A M.
21. I hereby certify that I attended the deceased from 5/2/48, 1948, to May 12, 1948
 that I last saw her alive on May 11, 1948 and that death occurred on the date and hour stated above.

4. Sex Female **5. Color or race** W.
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years

Immediate cause of death
Cerebral apoplexy **Duration** 10 days
Terminal pneumonia 3 days

7. Birth date of deceased March 6, 1874
(Month) (Day) (Year)

Due to arteriosclerosis **unl**
 Due to.....

8. AGE: Years Months Days If less than one day
74 2 6 hr. min.

Other conditions..... 83
(Include pregnancy within 3 months of death)

9. Birthplace Cape Girardeau, Missouri **0**
(City, town, or county) (State or foreign country)

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

10. Usual occupation Nurse
11. Industry or business Religious-Franciscan Sisters.
MOTHER FATHER
12. Name Martin Schaefer **4**
13. Birthplace ?? Germany **4**
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Unerstall
15. Birthplace ?? Germany **4**
(City, town, or county) (State or foreign country)

16. (a) Informant Sister M. Carola
(b) Address 3520 Chippewa, St. Louis, Mo.
17. (a) Burial **(b) Date thereof** 5/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial St. Anthony's, St. Peter & Paul Cem.

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?.....

18. (a) Signature of funeral director J. F. Bredich
(b) Address 2842 Meramec St.,
19. (a) MAY 13 1948 **(b) J. F. Bredich**
(Date received local registrar) (Registrar's signature)

23. Signature Robert G. Warner, M.D. **(M. D. or other)**
Address Paul Brown Bldg **Date signed** May 12-48

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Laron E. Peirce

Licensed Embalmer No. 4094

P. O. Address 2842 Méramec St.,
St. Louis, 18, Mo.

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, fact should be so stated above.