

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10605

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2285</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		11 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2868 TEXAS</b>				d. STREET ADDRESS (If rural, give location) <b>2868 TEXAS</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIZABETH</b>		b. (Middle) _____		c. (Last) <b>SCHARFENBERGER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 8 1949</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>		8. DATE OF BIRTH <b>OCT. 9, 1867</b>	
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		<b>4 29</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WIDOW</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CORNELIUS LAMMERT</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>MARIE SCHARFENBERGER</b>		ADDRESS <b>2868 TEXAS</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute bronchitis</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3-5-49</b> <b>3-5-49</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>3-5-</b> , 19 <b>48</b> , to <b>3-8</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>3-8</b> , 19 <b>49</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John D. Sasater</b>				23b. ADDRESS <b>2840 California</b>		23c. DATE SIGNED <b>3-8-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAR. 17 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 12 1949</b>		REGISTRAR'S SIGNATURE <b>J. D. Sasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutis</b>		ADDRESS <b>2906</b>	

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

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Miss V. Hansen

11-11-11

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Leo J. Budde

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3989

P. O. Address St. Louis, 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.