

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21648

FILED JUL 15 1949

State File No. 5772

318

1003

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
I. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				a. STATE <u>Missouri</u>					
c. LENGTH OF STAY (in this place) <u>0</u>				b. COUNTY _____					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>					
e. STREET ADDRESS <u>1367 Burd Ave.</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) <u>Alexander</u>			a. (First) _____		b. (Middle) <u>- -</u>		c. (Last) <u>Schramm</u>		
4. DATE OF DEATH <u>July 1, 1949.</u>			(Month) _____		(Day) _____		(Year) _____		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 14, 1872</u>		9. AGE (In years last birthday) 77	
Months <u>0</u>		Days <u>17</u>		Hours _____		Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boxmaker</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Box Factory</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		_____		_____	
13a. FATHER'S NAME _____			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <u>Dora Schramm</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Augusta DeWandel, 1367 Burd Ave.</u>			
ADDRESS _____			_____			_____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u>				ANTECEDENT CAUSES				DUE TO (b) <u>Hypertensive cardio-vascular disease</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____				_____	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				_____	
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) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>6-23</u>, 19<u>49</u>, to <u>7-1</u>, 19<u>49</u>, that I last saw the deceased alive on <u>7-1-49</u>, 19<u>49</u>, and that death occurred at <u>4:25 P.m.</u>, from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>				(Degree or title) _____		23b. ADDRESS <u>607 N. Grand</u>		23c. DATE SIGNED <u>7-2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/5/49.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>		24d. LOCATION (City, town, or county) <u>St. Louis County, Mo.</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>JUL 4 1949</u>			REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Fentz, 4828 Natural Bridge Blvd.</u>			
ADDRESS _____			_____			_____			

(Licensed Embalmer's Statement on Reverse Side)

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

~~1897~~

ml

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.....
Student Embalmer

Signed *John A. Mlenar*
Licensed Embalmer No. *486*

P. O. Address *St. Louis Mo*

Note: "The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.