No. 300
10.48

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

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32156

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8337

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sappington
d. STREET ADDRESS (If rural, give location): R.R. 22 Sappington Acres

3. NAME OF DECEASED (Type or Print)
a. (First): Katherine
b. (Middle):
c. (Last): Scharf

4. DATE OF DEATH (Month) (Day) (Year): September 25, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 29, 1874
9. AGE (In years last birthday): 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): Nashville, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wendell Schader
13b. MOTHER'S MAIDEN NAME: Margaret Wetzel
14. NAME OF HUSBAND OR WIFE: Emil Scharf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ——
(If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mr. E. J. Scharf, 22 Sappington Acres

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Cirrhosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 3 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 260X

19a. DATE OF OPERATION: 25 Aug. 49
19b. MAJOR FINDINGS OF OPERATION: Hepatic Cirrhosis
20. AUTOPSY? YES ☐ NO ☑

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): 12 Hr
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ~~Sick~~

22. *I hereby certify that I attended the deceased from* 20 Aug, 1949, *to* 25 Sept, 1949, *that I last saw the deceased alive on* Sept. 25, 1949, *and that death occurred at* 11:05a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H.O. Schrepel, M.D.
23b. ADDRESS: 16 Hampton Village Plaza
23c. DATE SIGNED: 9/26/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 28, 1949
24c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REGISTRAR: SEP 28 1949
REGISTRAR'S SIGNATURE: L. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Beiderwieden Fun. H. Inc., 1936 St. Louis

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. O. Schrepel
16 Hampton Village Plaza
after 1:30 p.m. Monday & until ?

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.

Student ..... Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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

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