

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14980
3693

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 3720 E Keokuk	
d. FULL NAME OF HOSPITAL OR INSTITUTION Finrin Desloge Hospital				4. DATE OF DEATH (Month) (Day) (Year) 4 22 1950			
3. NAME OF DECEASED (Type or Print) a. (First) Catharine		b. (Middle) M.		c. (Last) Schramck		5. SEX F	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-19-1908		9. AGE (In years last birthday) 41	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered nurse		10b. KIND OF BUSINESS OR INDUSTRY private practice		11. BIRTHPLACE (State or foreign country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Koch		13b. MOTHER'S MAIDEN NAME Madeline Burrichter		14. NAME OF HUSBAND OR WIFE Albert J. Schramck			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert J. Schramck - 3720 E Keokuk			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism of branches ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastases to brain DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial diseases				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) 3/10/50 10:25 a.m.	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X				22. I hereby certify that I attended the deceased from March 30 to April 20, 1950 , that I last saw the deceased alive on April 19, 1950 and that death occurred at 1:25 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE Edmund W. ...				23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 4/21/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-25-1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. APR 23 1950		REGISTRAR'S SIGNATURE J. D. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Koch + Son - 3516 E. 14th			

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

..... Student Embalmer No.

Signed *Russell O. Yahrke*.....

..... Licensed Embalmer No. *3917*.....

..... P. O. Address *St. Louis*.....

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.