

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) St Louis
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE mo
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) St Louis
d. STREET ADDRESS 1209 Mississippi

3. NAME OF DECEASED (Type or Print)
a. (First) Fred
b. (Middle) _____
c. (Last) Schaper

4. DATE OF DEATH (Month) (Day) (Year)
10-6-50

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 3-5-1885

9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.)
65

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Time Keeper

10b. KIND OF BUSINESS OR INDUSTRY Hotel

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Fred Schaper

13b. MOTHER'S MAIDEN NAME Henrietta

14. NAME OF HUSBAND OR WIFE Kathryn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Kathryn Schaper 1209 Mississippi

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) _____
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis
DUE TO (c) Myocardial Infarction
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? H2O1

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE Gatrel Taylor Carmel (Degree or title) _____

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 10.9.50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-9-50

24c. NAME OF CEMETERY OR CREMATORIAL Mt Hope Cem

24d. LOCATION (City, town, or county) (State) St Louis Co Mo

DATE REC'D BY LOCAL REG. OCT 9 1950

REGISTRAR'S SIGNATURE J B Lassiter

25. FUNERAL DIRECTOR'S SIGNATURE Joe Penater Jr 7128 Michigan

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

8495

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J. Allen Davis Jr*
Licensed Embalmer No. *40563*
P. O. Address *St. Louis 10*

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.