

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 17 1950

1003 State File No. 38309
9471

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1227a Montgomery		d. STREET ADDRESS (If rural, give location) 1227a Montgomery St.	
3. NAME OF DECEASED (Type or Print) a. (First) Mathilda b. (Middle) c. (Last) Broders		4. DATE OF DEATH (Month) (Day) (Year) November 6, 1950.	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH March 12, 1871
9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Schaperkoetter		13b. MOTHER'S MAIDEN NAME Louise Uthoff	
14. NAME OF HUSBAND OR WIFE deceased		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 Rev. Walter Broders 745 Harrison.	
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 CERTIFICATIONS I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) Chronic Hypertension 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 checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? H201		22. I hereby certify that I attended the deceased from August 10, 1950, to Nov. 6, 1950, that I last saw the deceased alive on 11/6/50, 19, and that death occurred at 4:20 a. m., from the causes and on the date stated above.	
23a. SIGNATURE Theo H. Hauser M.D.		23b. ADDRESS 3701 Grandel Ave	
23c. DATE SIGNED 11/6/50.		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11-9-50.		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. 2161 E. Fair Ave.	
DATE REC'D BY LOCAL REG. NOV 8 1950		REGISTRAR'S SIGNATURE J. B. Foster	

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

3701 Burwood
Dr. Hansen
7:30 to 4

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 *Homer W. Fritz*

Licensed Embalmer No. *3882*

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.