No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 28693

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 7368

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

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)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospt. #1

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): Pine Lawn 14 41 1
d. STREET ADDRESS (If rural, give location): 6332 Myron Ave. 1

3. NAME OF DECEASED (Type or Print): a. (First) Herman b. (Middle) Fred c. (Last) Schaberg

4. DATE OF DEATH (Month) (Day) (Year): Aug. 16 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Aug 16 1880
9. AGE (In years last birthday): 71 — 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): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Meat
11. BIRTHPLACE (State or foreign country): St. Charles, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Henry Schaberg
13b. MOTHER'S MAIDEN NAME: Catherine Gausman
14. NAME OF HUSBAND OR WIFE: Amanda Schaberg

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.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Amanda Schaberg 6332 Myron Ave

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocarditis — 1 yr.
DUE TO (c) Hypertension — 2 yrs.

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 ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from* 7-20, 1951, *to* 8-16, 1951, *that I last saw the deceased alive on* 8-16, 1951, *and that death occurred at* 9:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Herman J. Kloecker (Degree or title) M.D.
23b. ADDRESS: 96 21 Bodeland Rd.
23c. DATE SIGNED: 8-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Aug 20 1951
24c. NAME OF CEMETERY OR CREMATORY: St. John Ev. & REFORM
24d. LOCATION (City, town, or county) (State): St. Charles Mo.

DATE REC'D BY LOCAL REG.: AUG 17
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. K.P.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Jos. W. Clark 1125 Hodiamont

(Licensed Embalmer's Statement on Reverse Side)

Dr. J.H. Kloecker
9621 Lockland Ave.
2 To 4 P.M.

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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 Alfred F. Boedeker
Licensed Embalmer No. 2663
P. O. Address 1125 - Hodiamont

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.