

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28694**
Registrar's No. **7092**

FILED AUG 25 1951

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 28694	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (If this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2219</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>				2. STREET ADDRESS (If rural, give location) <u>3220 Franklin Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) _____		c. (Last) <u>Schafer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 5 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 1st 1907</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>4</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Antwine Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Fitzgerald</u>		14. NAME OF HUSBAND OR WIFE <u>Sam Schafer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Sam Schafer</u>			
				ADDRESS <u>3220 Franklin Ave</u>			
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) <u>Acute Glomerulonephritis</u> ANTECEDENT CAUSES DUE TO (b) <u>Rapidly progressive hypertension</u> DUE TO (c) <u>Prob. Cerebral Hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>7-31-51</u> , 19 <u>51</u> , to <u>8-5-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-5-51</u> , 19 <u>51</u> , and that death occurred at <u>8:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dorothy W. Harris</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>2601 N. Whittier</u>		23c. DATE SIGNED <u>8-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-9-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county). (State) <u>St. Louis, Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>AUG 8 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.H. Handle & Son 3133 Bell Avenue</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ether N. Harris*

Licensed Embalmer No. *4458*

P. O. Address *4181 Washington*

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.