

No. 300 FILED JUN 16 1952
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18492

State File No.

318

1003

Registrar's No. 4806

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
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 (in this place) <u>70 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2709</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3941 N. Florissant Ave.</u>			d. STREET ADDRESS (If rural, give location) <u>20 3941 N. Florissant Ave.</u>		
3. NAME OF DECEASED (Type or Print), <u>Augusta</u>		a. (First)	b. (Middle)	c. (Last) <u>Schaefer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May. 23, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH* <u>Dec. 14, 1873</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Nil</u>	11. BIRTHPLACE (State or foreign country) <u>Elberfeld, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ernest Schuerman</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Horn</u>		14. NAME OF HUSBAND OR WIFE <u>Abraham Schaefer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Caroline Schaefer 3941 N. Florissant</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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				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) _____		21f. HOW DID INJURY OCCUR? <u>443X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>about 10 yrs</u> , 19____, that I last saw the deceased alive on <u>May 23, 1952</u> , and that death occurred at <u>GIDP</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul A. Dermott</u> (Degree or title)		23b. ADDRESS <u>8330 Jennings</u>		23c. DATE SIGNED <u>5/25/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 26, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vallhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>MAY 26 1952</u>	REGISTRAR'S SIGNATURE <u>Carol Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SUEDMEYER & SON'S 3934 N. 20th. Street</u>		

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *Gustav W. Smitals*

Licensed Embalmer No. *4329*

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.