

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3243

State File No. ....

0644

FILED FEB 2 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Little Sisters of Poor</b>		• STREET ADDRESS (If rural, give location) <b>116 3499S Grand Blvd</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>216%</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>		b. (Middle) <b>G</b>		c. (Last) <b>Schaper</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>Widowed</b> (Specify)	
8. DATE OF BIRTH <b>9-27-1868</b>		9. AGE (In years last birthday) <b>85</b>		10. IF UNDER 1 YEAR Months <b>3</b> Days <b>24</b> IF UNDER 4 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during usual working hours if required) <b>Freight handler</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bush Brew.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Schaper</b>		13b. MOTHER'S MAIDEN NAME <b>Adelheide Tieke</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Schaper</b>		ADDRESS <b>1419 S Elm W.G. 8</b>			

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) <b>Arteriosclerosis Gen</b> ANTECEDENT CAUSES <b>Ch Myocarditis</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>2 yr</b> <b>1 yr</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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"/> (NO) WHILE WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4221</b>	

22. I hereby certify that I attended the deceased from **Jan 4, 1954**, to **Jan 20, 1954**, that I last saw the deceased alive on **Jan 14, 1954**, and that death occurred at **1 AM** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Earl Smith MD</b> (Degree or title)		23b. ADDRESS <b>607 So Grand</b>		23c. DATE SIGNED <b>1/21/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-23-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>					

DATE REC'D BY LOCAL REG. <b>JAN 21 1954</b>		REGISTRAR'S SIGNATURE <b>Earl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>WINGBERMUEHLE</b> ADDRESS <b>3819 S Grand Blvd</b>	
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HMC (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.....  
Signature of Student Embalmer

Signed *Geo. J. Ambermuhl* .....

Licensed Embalmer No. *46*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.