

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43814

FILED DEC 27 1956

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11418**

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>  |                                   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>St. Louis</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5432 Cologne Ave.</b>  |                                   | Length of stay in lb   | STREET ADDRESS <b>5432 Cologne Ave.</b> (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>LOUISE</b> Middle <b>M.</b> Last <b>SCHAEFER</b>  |                                   |  | 4. DATE OF DEATH<br>Month <b>Dec.</b> Day <b>12</b> Year <b>1956</b>  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br><b>WIDOWED</b> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Oct. 10, 1890</b>  |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>  |                                   | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (In years last birthday)<br><b>66</b><br>IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b>   |                                   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |   |
| 13. FATHER'S NAME<br><b>Fred William Ellermann</b>  |                                   | 14. MOTHER'S MAIDEN NAME<br><b>Minnie Tinker</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No None</b>   |                                   | 16. SOCIAL SECURITY NO.<br><b>494-42-1210</b>  | 17. INFORMANT<br>Address<br><b>Virginia Schaefer 5432 Cologne Ave.</b>  |
| 18. CAUSE OF DEATH [Enter only one cause by line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinomatosis - abdominal</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Adeno carcinoma of colon</b><br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |                                   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 mos.</b><br><b>?</b>   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |   |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><b>153x</b>   |                                   | 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY<br>STATE   |
| 21. I attended the deceased from <b>8/22/56</b> to <b>12/12/56</b> and last saw her alive on <b>12/7/56</b><br>Death occurred at <b>3:45 A.</b> from the date stated above; and to the best of my knowledge, from the causes stated.  |                                   |  |   |
| 22a. SIGNATURE<br><b>Clara B. Greubel</b> (Degree of title)   |                                   | 22b. ADDRESS<br><b>16 Hampton Village (9)</b>  | 22c. DATE SIGNED<br><b>12/12/56</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>Dec. 14, 1956</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Paul's Churchyard</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co. Mo.</b>   |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><b>Kriegshauser 4228 S. Kingshighway</b>   |                                   | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 12 1956</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Carl Smith MO</b>   |

(Licensed Embalmer's Statement on Reverse Side)

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 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 Doctor, coroner, etc. must use only standard nomenclature in Part I.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *429*

P. O. Address *4228 Astor*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.