...RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 6 1960

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STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5306

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1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 18 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Frazier Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4512 West Pine Blvd
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ada Middle: S Last: Schroeder
4. DATE OF DEATH: Month: May Day: 19 Year: 1960
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-22-1881
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: August Beckmann
13b. MOTHER'S MAIDEN NAME: Laura M.F. Fischer
14. NAME OF HUSBAND OR WIFE: deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Jessie M. Pohl, 4509 Athlone Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c): 420.0 F
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture of hip & senility
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fell or slipped at Nursing Home
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year: 3-29-60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Nursing Home
20f. CITY, TOWN, OR LOCATION: St. Louis COUNTY STATE: Mo.
21. I attended the deceased from Sept 59, to 5-14-60 and last saw her alive on 5-14-60
Death occurred at 1:11 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [illegible] (Degree or title): MD
22b. ADDRESS: 1035 Big Bend
22c. DATE SIGNED: 5-19-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: May 21, 1960
23c. NAME OF CEMETERY OR CREMATORY: New Bethlehem Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR: Math Hermann & Son, Inc.
ADDRESS: 2161 E. Fair
25. DATE RECD. BY LOCAL REG.: MAY 20 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clement McNeary

Signature of Student Embalmer

Licensed Embalmer No. 3732

P. O. Address St. Louis

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