

318

1003

4850

-61-019442

STATE FILE NUMBER

AMENDED FILED JUN 2 1961

Registration District No. Primary Registration District No. Registrar's No.

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b life | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4478 Clayton Avenue |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|---------------------------|---|--|---|--------------------------------|------------------------------------|
| 3. NAME OF DECEASED (Type or print) First Middle Last EMMA ANNA SCHAEFER | | | 4. DATE OF DEATH Month Day Year May 22, 1961 | | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12/31/1893 | 9. AGE (last birthday) 67 | 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) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY at home | | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Casper Tiemann | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE Stattus K. Schaefer | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. - | | 17. INFORMANT Address Stattus K. Schaefer, 4478 Clayton Avenue | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident | | | INTERVAL BETWEEN ONSET AND DEATH 24 hours. |
| DUE TO (b) Metastatic Carcinoma from Cervix | | | |
| DUE TO (c) 171x | | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | |

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|---|--|--|
| 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 COUNTY STATE |
| 21. I attended the deceased from 5/21/61 to 5/22/61 and last saw him alive on 5/21/61 Death occurred at 2:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | |

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| 22a. SIGNATURE (Degree or title) Alvin S. Wrenn, M.D. | 22b. ADDRESS 8112 Delmar | 22c. DATE SIGNED 5/22/61 |
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|--|----------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 5/24/61 | 23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
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| 24. FUNERAL DIRECTOR BEIDERWIENEN F.H. INC., 1936 St. Louis Ave. | 25. DATE RECD. BY LOCAL REG. MAY 23 1961 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

Dr. Wenneker
8112 Delmar

1-4:30 PM

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 Homer W. Dutz

Licensed Embalmer No. 3982

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.