

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5473**

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY                                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN. <b>St. Louis</b>   |   | Length of stay in 1b<br><b>48 yrs.</b>  | c. CITY OR TOWN <b>St. Louis</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>4121 Red Bud Avenue</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>4121 Red Bud Avenue</b>   |
| 3. NAME OF DECEASED<br>(Type or print) First <b>THERESA</b> Middle <b>SCHAPPE</b> Last   |   |   | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>11</b> Year <b>1961</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>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3-18-1870</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At Home</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>  | 9. AGE (last birthday)<br><b>91</b>   |
| 11. BIRTHPLACE (City and state or country)<br><b>St. Peters, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A..</b>   |   |
| 13a. FATHER'S NAME<br><b>Brandes</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>unknown</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Peter Schappe, Deceased</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>No</b>   |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br>Address<br><b>Mrs. Una Freese, 4121 Red Bud Avenue</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: <b>Chr. arteriosclerotic cardiovascular dis.</b><br>IMMEDIATE CAUSE (a) <b>Chr. arteriosclerotic cardiovascular dis.</b><br>CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), SHOWING THE UNDERLYING CAUSE (b).<br><b>Fracture left hip &amp; left shoulder (Fractures of left hip &amp; left shoulder May 11-1961)</b><br>DUE TO (b) <b>4221 F</b><br>DUE TO (c) |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition.   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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>Fell at home</b><br><b>Fell at home</b>                  |   |
| 20c. TIME OF INJURY<br>Hour <b>5-11</b> a.m. <b>-61</b> 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.)<br><b>Home</b>   |   | 20f. CITY, TOWN, OR LOCATION<br><b>St. Louis</b>  | COUNTY <b>Mo.</b> STATE   |
| 21. I attended the deceased from <b>May 11</b> to <b>June 11</b> and last saw her/him alive on <b>June 7-61</b>  |   | Death occurred at <b>5:25 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.                                       |   |
| 22a. SIGNATURE <b>Albert J. Motz</b> (Print name or title)<br><b>Albert J. Motz, M.D.</b>  |   | 22b. ADDRESS<br><b>607 N. Grand</b>   | 22c. DATE SIGNED<br><b>6-12-61</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>6-14-1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>Stock Mortuaries, 2117 E. Grand Blvd.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>JUN 12 1961</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Good Smith, M.D.</b>  |

**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 Paul A. Wächter

Licensed Embalmer No. 4787

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.