ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-035456
STATE FILE NUMBER

AMENDED

Registration District No. 347 Primary Registration District No. 546 Registrar's No. 2501

FILED SEP 19 1961

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland — Length of stay in 1b: 2 mon.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9563 Edmund Dr. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4205 Norfolk Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CLARA Middle M. Last SCHRAMM
4. DATE OF DEATH: Month 9 Day 2 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/28/89
9. AGE (last birthday): 72 yrs. — 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): Retired (Wrapper)
10b. KIND OF BUSINESS OR INDUSTRY: Liggett-Meyers T.
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Joseph Mackler
13b. MOTHER'S MAIDEN NAME: Marie Unk.
14. NAME OF HUSBAND OR WIFE: Noe T. Schramm
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of serv)
17. INFORMANT: Frank Schramm — Address: 1219 St. Pain Dr. Mehlville 25, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 da.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease — 7
DUE TO (c) 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Parkinsons syndrome
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 31 July 1961 to 29 Aug 1961 and last saw her alive on 29 Aug 1961
Death occurred at 1 30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul R. Whitener M.D.
22b. ADDRESS 8923 Midland
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9/6/61
23c. NAME OF CEMETERY OR CREMATORY: SS. Peter & Paul Cem.
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.
24. FUNERAL DIRECTOR: E.J. Schnur — ADDRESS: 3125 Lafayette Ave.
25. DATE RECD. BY LOCAL REG.: 9-5-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — BY AFFIDAVIT OF — ITEM NO.

MEDICAL CERTIFICATION

x

x

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 Jack Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.