

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-031588

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Filed District No. 159 Primary Registration District No. 5591 Registrar's No. 25

FILED AUG 24 1962

VS 300 Rev. 4/59

6500
20500

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri , b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hillsboro		Length of stay in 1b 5 Months	c. CITY OR TOWN Arnold Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Castle Acres Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 2, Box 167-L Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Dorothy A. Schroeder			4. DATE OF DEATH Month Day Year July 8, 1962
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 11/3/1935
9. AGE (last birthday) 26		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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 U.S.A.		13a. FATHER'S NAME Albert G. Werkmeister	
13b. MOTHER'S MAIDEN NAME Mary T. Trupka		14. NAME OF HUSBAND OR WIFE Eugene J. Schroeder	
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 Arnold, Missouri Eugene J. Schroeder, Rt. 2, Box 167-L
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 10 d
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) Cerebrospinal Injury			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Car Accident - Paralysis of all extremities	
20c. TIME OF INJURY Hour a.m. 11-13-1962 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		20f. CITY, TOWN, OR LOCATION Arnold, Missouri	
21. I attended the deceased from 12-30-64 to 7-8-62 and last saw her alive on 7-7-62 Death occurred at 9:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chas E Zeller, MD		22b. ADDRESS Desoto Mo	22c. DATE SIGNED 7-9-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/11/62	23c. NAME OF CEMETERY OR CREMATORY Immaculate Conception	23d. LOCATION (City, town, or county) (State) Arnold, Missouri, Mo
24. FUNERAL DIRECTOR Gebken-Benz Mortuary, ADDRESS 2842 Meramec St., St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. 7/10/62	26. REGISTRAR'S SIGNATURE Carl E. Lewis MD

USE BLACK INK OR TYPEWRITER RIBBON

VS AUG 24 1962

MAY 14 1963

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 me Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Perry

Licensed Embalmer No. 4249
2842 Meramec St.,
P. O. Address St. Louis, 18, 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.