

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2426 -63-009360
STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2426**

FILED MAR 8 1963

1. PLACE OF DEATH
a. COUNTY **Missouri**
b. CITY (If outside corporate limits, give TOWNSHIP only) **St. Louis** Length of stay in lb. **St. Louis** Inside Limits Yes No
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Anne's Home** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **5473 Ruskin Avenue** Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **St. Louis** Inside Limits Yes No
c. CITY OR TOWN **St. Louis**
d. STREET ADDRESS (If outside, give location) **5473 Ruskin Avenue** Reside on Farm Yes No

3. NAME OF DECEASED First **JOSEPHINE** Middle **SCHOPFER** Last **SCHOPFER** 4. DATE OF DEATH **March 3, 1963** Month **March** Day **3** Year **1963**

5. SEX **female** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **Mar. 16, 1874** 9. AGE (last birthday) **88** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **seamstress (retired)** 10b. KIND OF BUSINESS OR INDUSTRY **St. Louis, Mo.** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **John Schopfer** 13b. MOTHER'S MAIDEN NAME **Caroline Hur** 14. NAME OF HUSBAND OR WIFE **never married**

15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates of service) **no** NO. 17. INFORMANT **Harry Schopfer 3021 Bailey** Address

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cerebral Arteriosclerosis**
DUE TO (b) **Generalized Arteriosclerosis**
DUE TO (c) **334x**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Cerebral Thrombosis**
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 **8/27/60** to **3/13/63** and last saw her alive on **2/27/63**
Death occurred at **7:55** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **George M. Janaka, M.D.** 22b. ADDRESS **8818 Beauvoir** 22c. DATE SIGNED **3/4/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **3/6/1963** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

24. FUNERAL DIRECTOR **Bromschwig and Son** ADDRESS **W Florissant 4748** 25. DATE RECD. BY LOCAL REG. **MAR 4 1963** REGISTRAR'S SIGNATURE **Ed Smith, M.D.**

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STATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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MAR 4 1963

