

I hereby declare that this certified copy is an exact photostatic reproduction of the certificate for the person named herein as it now appears in the permanent records of the Bureau of Vital Statistics, Division of Health City of Saint Louis.

Witness my hand as City Registrar and the Seal of the Division of Health of said city
this date, **Feb. 4, 1969**. DO NOT ACCEPT IF
IF IMPRESSION CANNOT BE FELT. *Paul Smith, M.D.*
ALTERED, REPHOTOGRAPHED, OR

\$2.00 FEE PAID

City Registrar

D. A. P.

Office Manager

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH

(PHYSICIAN OR CORONER)

124

CERTIFICATE OF DEATH

Registration District No.

318

1003

Registrar's No.

1291

VS 300
Rev. 1/68

4.
5.
81
DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. *OTC*
PARENTS

CAUSE

CERTIFIER

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1 ADELIN SCHRAUTEMEIER 2 female 3. **February 2, 1969**

RACE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE - LAST BIRTHDAY (YEARS) UNDER 1 YEAR DATE OF BIRTH (MONTH, DAY, YEAR)
4 white 5a 68 5b 5c 6 Sept. 15, 1900 7a.

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b St. Louis 7c yes 7d **St. Lukes Hospital**

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8 Missouri 9 U.S.A. 10 **widowed** 11.

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12 Saleslady 13b.

RESIDENCE - STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER

14a Missouri 14b 14c **St. Louis** 14d yes 14e **3840 Wilmington Ave. 63116**

FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST

15 Wm. H. Jarvis 16 **Elizabeth Koehler**

INFORMANT - NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a Mr. Frank Jarvis 17b **7405 Olian Dr. Hazelwood, Mo. 63042**

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE
(a) *ventricular fibrillation* 30 min.

DOUE TO, OR AS A CONSEQUENCE OF:

(b) *acute myocardial infarct* 3 weeks

DOUE TO, OR AS A CONSEQUENCE OF:

(c) *chronic atherosclerotic heart disease* 3 years

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES OR NO) 19a **no** IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE 19b

ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20a. 20b. 20c. M. 20d.

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

20e. 20f. 20g.

CERTIFICATION - PHYSICIAN: MONTH DAY YEAR MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE

21a. DECEASED FROM **10 19 66** TO **2 2 69** 21b. **2 2 69** 21c. **2 2 69** 21d. **2 2 69** 21e. **7 7 69** M. TO THE CAUSE(S) STATED.

CERTIFICATION - MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. M. 22b. M. 22c. M. 22d. M. 22e. M.

CERTIFIER - NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)

23a. **B. Todd Fonsy, M.D.** 23b. **St. Louis, Mo.** 23c. **2-3-69.**

MAILING ADDRESS - CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23d. **100 N. Euclid St. Louis, Mo. 63108**

BURIAL, CREMATION, REMOVAL CEMETERY OR CREMATORIUM - NAME LOCATION CITY OR TOWN STATE

24a. **Burial** 24b. **Calvary Cemetery** 24c. **St. Louis, Mo.**

DATE (MONTH, DAY, YEAR)

24d. **Feb. 5, 1969**

FUNERAL DIRECTOR - SIGNATURE

25a. **Buchholz Mortuary, 5967 W. Florissant - St. Louis, Mo. 63136**

REGISTRAR - SIGNATURE

25b. **Elmer J. Buchholz, Local Smith, M.D.**

DATE RECEIVED BY LOCAL REGISTRAR

26b. **FEB - 3 1969**