

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 ALTERED, REPHOTOGRAPHED, OR

\$2.00 FEE PAID

City Registrar

Office Manager

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH

CERTIFICATE OF DEATH

124

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1291

VS 300  
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1 <b>ADELINE SCHRAUTEMEIER</b>		2 <b>female</b>		3 <b>February 2, 1969</b>	
4 RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>white</b>		AGE—LAST BIRTHDAY (YEARS) 5a <b>68</b>		DATE OF BIRTH (MONTH, DAY, YEAR) 6 <b>Sept. 15, 1900</b>	
7a CITY, TOWN, OR LOCATION OF DEATH <b>St. Louis</b>		7b INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>yes</b>		7c HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>St. Lukes Hospital</b>	
8 <b>Missouri</b>		9 <b>U.S.A.</b>		10 <b>widowed</b>	
11 SOCIAL SECURITY NUMBER		12 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Saleslady</b>		13 KIND OF BUSINESS OR INDUSTRY	
14a <b>Missouri</b>		14b <b>St. Louis</b>		14c <b>yes</b>	
14d <b>3840 Wilmington Ave.</b>		14e <b>63116</b>			

81  
DECEASED

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

6. **OTC**  
PARENTS

FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15 <b>Wm. H. Jarvis</b>		16 <b>Elizabeth Koehler</b>	
17a <b>Mr. Frank Jarvis</b>		17b <b>7405 Olian Dr. Hazelwood, Mo. 63042</b>	

CAUSE

PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18 IMMEDIATE CAUSE			
(a) <b>Ventricular tachycardia</b>		<b>30 min.</b>	
(b) <b>Acute myocardial infarct</b>		<b>3 weeks</b>	
(c) <b>Arteriosclerotic Heart Disease</b>		<b>3 years</b>	

CERTIFIER

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO) 19a <b>NO</b>		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b	
20a ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		20b DATE OF INJURY (MONTH, DAY, YEAR)		20c HOUR	
20d INJURY AT WORK (SPECIFY YES OR NO)		20e PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		20f LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	

BURIAL

CERTIFICATION—PHYSICIAN:		AND LAST SAW HIM/HER ALIVE ON		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 TO THE CAUSE(S) STATED.	
21a I ATTENDED THE DECEASED FROM <b>10 19 66</b> TO <b>2 2 69</b>		21b <b>2 2 69</b>		21c <b>Asst. M.D.</b>		21d <b>7:45 P.M.</b>	
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 HOUR OF DEATH		22b THE DECEDENT WAS PRONOUNCED DEAD		22c MONTH DAY YEAR HOUR	
23a CERTIFIER—NAME (TYPE OR PRINT) <b>Bitodd Forsyth</b>		23b SIGNATURE <i>Bitodd Forsyth</i>		23c DEGREE OR TITLE <b>MD</b>		23d DATE SIGNED (MONTH, DAY, YEAR) <b>2-3-69</b>	
23e MAILING ADDRESS—CERTIFIER <b>100 N. Euclid</b>		23f STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>St. Louis MO 63108</b>		24a BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		24b CEMETERY OR CREMATORY—NAME <b>Calvary Cemetery</b>	
24c DATE (MONTH, DAY, YEAR) <b>Feb. 5, 1969</b>		24d FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Buchholz Mortuary, 5967 W. Florissant- St. Louis, Mo. 63136</b>		24e		24f	
24g FUNERAL DIRECTOR—SIGNATURE <i>Charles H. Buchholz</i>		24h REGISTRAR—SIGNATURE <i>Carol Smith M.D.</i>		24i		24j DATE RECEIVED BY LOCAL REGISTRAR <b>FEB. 9 1969</b>	