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|--|--|--|--|--|--|--|---|--|--|---|--|---|---------------------------------------|--|--|--|
| 1. NAME OF DECEASED (a) FIRST Ella | | | (b) MIDDLE Melba | | | (c) LAST Schapiro | | | (d) MAIDEN Schubert | | | 2. SEX Female | 3. DATE OF DEATH 11-30-1993 | | | |
| 4. DATE OF BIRTH 05-23-1892 | | | 5. AGE (IN YEARS) 101 | | IF UNDER 1 YR. MO DAYS | | IF UNDER 1 DAY HOURS MIN | | 6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Comal County, Texas | | | 7. SOCIAL SECURITY NO. 450-17-3445 | | | | |
| 8. RACE White | | | 9a. WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | 9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.) N/A | | | 10. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | 11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 3 | | | | |
| 12. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED | | | 13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) N/A | | | 14a. DECEDENT'S USUAL OCCUPATION Housewife | | | 14b. KIND OF BUSINESS OR INDUSTRY Own Home | | | | | | | |
| 15a. RESIDENCE STREET ADDRESS 710 Roger Street | | | | | | | | | | 15b. CITY OR TOWN San Marcos | | | | | | |
| 15c. COUNTY Hays | | | 15d. STATE Texas | | | 15e. ZIP CODE 78666 | | | 15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| 16. FATHER'S NAME August Schubert | | | | | 17. MOTHER'S MAIDEN NAME Lena Westerfer | | | | | | | | | | | |
| 18. PLACE OF DEATH (CHECK ONLY ONE) HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY) | | | | | | | | | | | | | | | | |
| 19. COUNTY OF DEATH Hays | | | 20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) San Marcos | | | 21. NAME OF HOSPITAL OR INSTITUTION Central Texas Medical Center | | | | | | | | | | |
| 22. INFORMANT - SIGNATURE & RELATIONSHIP <i>Alice Simon</i> Daughter | | | | | 23. MAILING ADDRESS OF INFORMANT 323 Skyview New Braunfels, Tx | | | | | | | | | | | |
| 24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY) | | | 25. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Fischer Cemetery | | | 26. LOCATION (CITY, STATE) Fischer, Texas | | | 27. DATE OF DISPOSITION 12-04-1993 | | | 29. NAME & ADDRESS OF FUNERAL HOME 78130 Pennington Funeral Home 323 N. Comanche Street San Marcos, Texas 78666 | | | | |
| 28. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>William C. Pennington #5670</i> | | | | | | | | | | | | | | | | |
| 30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER } ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE } | | | | | | | | | | | | | | | | |
| 31. SIGNATURE & TITLE OF CERTIFIER <i>J. Wesley Wallis, MD</i> | | | | | | | | | | 32. DATE SIGNED MO DAY YEAR 11 30 93 | | 33. TIME OF DEATH 1:30 A.M. | | | | |
| 34. PRINTED NAME & ADDRESS OF CERTIFIER J. Wesley Wallis, MD 1101 B Thorpe Lane San Marcos, Texas 78666 | | | | | | | | | | | | | | | | |
| 35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Congestive Heart Failure Approximate Interval Between Onset and Death: 1d Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST b. Pneumonia 2wks c. _____ d. _____ | | | | | | | | | | | | | | | | |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.) | | | | | | | | | | | | | | | | |
| 37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | | | 38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | | | 36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | 36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| 40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED | | | 41a. DATE OF INJURY | | 41b. TIME OF INJURY M. | | 41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO | | 41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY) | | | | | | | |
| 41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE) | | | | | | | | | | | | | | | | |
| 41f. DESCRIBE HOW INJURY OCCURRED | | | | | | | | | | | | | | | | |
| 42a. REGISTRAR FILE NO. 02-223 | | | 42b. DATE RECEIVED BY LOCAL REGISTRAR 12-1-93 | | | 42c. SIGNATURE OF LOCAL REGISTRAR Janis K. Womack, By: Deputy Sarah Martin Chutkan | | | | | | | | | | |

Texas Department of Health - Bureau of Vital Statistics

WARNING The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV. 1/93

I hereby certify that this is a true and accurate copy of the record of Death of Ella Melba Schapiro, filed in the office of the record of City of San Marcos, Vol. 021, page ---, witness my hand and seal this 1st day of December, 19 93.

Registrar for the City of San Marcos, Texas
 Janis K. Womack, By: Deputy *Sarah Martin Chutkan*