N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 22060

Township ..... Primary Registration District No. 1003 Registered No. 5812

City St. Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Roy P. W. Schaeffer

(a) Residence, No. ..... St., N. R. Ward Chesterfield, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. 3 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10-1903

7. AGE: YEARS 33 | MONTHS 7 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Truck

10. Date deceased last worked at this occupation (month and year) June 10-1937

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chesterfield, Mo.

FATHER

13. NAME Henry Schaeffer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gumbo, Mo.

MOTHER

15. MAIDEN NAME Mary Hahn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gumbo Mo.

17. INFORMANT (ADDRESS) J. H. Schaeffer Chesterfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Co. Mo. DATE Hiram Cemetery June 16-1937

19. UNDERTAKER (ADDRESS) Schrader Funeral Home Ballwin, Mo.

20. FILED JUN 14 1937 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1937, to June 13, 1937

I last saw h. 1 m. alive on June 13, 1937 Death is said to have occurred on the date stated above at 11 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

Acute Cholecystitis

With perforation

Date of onset

Other contributory causes of importance: No Stones

Name of operation Laparotomy Date of June 13-37

What test confirmed diagnosis? Operation findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 4

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Henry Scott, M. D.

(Address) Ballwin Mo.

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