

WHILE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37678

State File No. _____

Registrar's No. 9517

Registration District No. 2003

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis.

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
De Paul Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days.

(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 2

(a) State Illinois. (b) County _____

(c) City or town Fieldon,

(If outside city or town limits, write "RURAL") NR

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME SIGEL A. SCHAAF.

3. (b) If veteran, name was unknown

3. (c) Social Security No. unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sophia E. SchAAF.

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased October, 25, 1861.

(Month) (Day) (Year)

8. AGE: Years 78. Months 0. Days 12.

If less than one day _____ hr. _____ min.

9. Birthplace Fieldon, Illinois.

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business _____

12. Name Charles L. SchAAF.

13. Birthplace Hanover, Germany

(City, town, or county) (State or foreign country)

14. Maiden name Christina Youngblood.

15. Birthplace Hessen, Germany.

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. C. A. Vinnege.

(b) Address #6334 Pershing Ave.

17. (a) Burial. (b) Date thereof 11/8/39.

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar, Blvd.

19. (a) NOV 7 1939 (b) J. F. Geddek

(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MOTHER FATHER

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6th

year 1939 hour 9 minute _____ M.

21. I hereby certify that I attended the deceased from November 4th, 1939, to Nov. 6th, 1939.

that I last saw him alive on November 5th, 1939.

and that death occurred on the date and hour stated above

Immediate cause of death ① Carcinoma of Pancreas Duration _____

② Portal Vein Thrombosis ✓

(Secondary) 6 Mo?

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations None

Of autopsy As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) (e) Means of injury _____

23. Signature Reinhold S. Barnes (M. D. or other) MD

Address 634 No. Grand Date signed 11/6/39

MO. Theatre Bldg.
JE- 5354
3--5 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Dan K. Muschery
working under my personal supervision.

Registered Apprentice No. *319*

Signed *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.