

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6644

State File No.

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1551

1551

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			d. STREET ADDRESS (If rural, give location) 2368 Lawrence Avenue			
3. NAME OF DECEASED a. (First) Theodore (Type or Print)			b. (Middle) J.		c. (Last) Schaffer	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1949						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 29, 1864		9. AGE (In years last birthday) 84	
				IF UNDER 1 YEAR Days 3	IF UNDER 1 YEAR Hours 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Food Products		11. BIRTHPLACE (State or foreign country) High Ridge, Missouri		
				12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Schaffer		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lena Mahne Schaffer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lena Schaffer		
				ADDRESS 2368 Lawrence		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					
	ANTECEDENT CAUSES					
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
	DUE TO (b) Arteriosclerosis					
	DUE TO (c) Nephritis					
	II. OTHER SIGNIFICANT CONDITIONS					
	Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Left cerebral hemorrhage, due to arteriosclerosis, arteriosclerotic nephritis, Chronic Cardiac Hypertrophy.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 2-14, 1949, to 2-17, 1949, that I last saw the deceased alive on 2-16, 1949, and that death occurred at 8:00 P.M., from the causes and on the date stated above.						
23a. SIGNATURE R. Benz			23b. ADDRESS 3203 S. Grand St. Louis Mo		23c. DATE SIGNED 2-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 18, 1949	24c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. FEB 18 1949		REGISTRAR'S SIGNATURE J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed

Max L. Warfel

Licensed Embalmer No.

4170

P. O. Address

1936 St. Louis Ave

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, fact should be so stated above.