

FILED MAY 18 1949

STANDARD CERTIFICATE OF DEATH

State File No. 17671
4130

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY 939			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 7		c. LENGTH OF STAY (In this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carlyle 11			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Barnes Hospital				d. STREET ADDRESS (If rural, give location) R.R. #1 2			
3. NAME OF DECEASED (Type or Print)		a. (First) Vincent		b. (Middle) Patrick		c. (Last) Schaefer	
4. DATE OF DEATH		(Month) May		(Day) 7		(Year) 1949	
5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 12, 1894	
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Carlyle, Illinois /	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John Schaefer		13b. MOTHER'S MAIDEN NAME Margaret O'Neill		14. NAME OF HUSBAND OR WIFE Bernadine Schaefer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bernadine Schaefer, Carlyle, Ill.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the esophagus		INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)					
		DUE TO (c)					
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				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)		146 150X	
21d. TIME OF INJURY (Month) ¹ (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 April 28, 1949, to May 7, 1949, that I last saw the deceased alive on May 7, 1949, and that death occurred at 4:42 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. Bradley M.D.				23b. ADDRESS Barnes Hospital		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-7-49		24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) (State) Carlyle, Illinois	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 8 1949 J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, Inc.		ADDRESS 4700 Washin g t			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.

Student
Student Embalmer

Signed Frank J. Gland.

Licensed Embalmer No. 2645

P. O. Address St. Louis

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

If this body is not embalmed, fact should be so stated above.