

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18176

State File No.

BIRTH NO. _____		REG. DIST. No. <u>317</u>		PRIMARY REG. DIST. NO. <u>607E</u>		Registrar's No. <u>966</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson Barracks, Mo.</u>		c. LENGTH OF STAY (If in this place) (Specify) <u>101 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		TOWN <u>Maplewood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet. Adm. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>7434 Maple Avenue</u>			
3. NAME OF DECEASED (Type or Print) <u>S George R.</u>			a. (First)	b. (Middle)	c. (Last) <u>SCHAEFFER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 1, 1889</u>		9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plaining Mill Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Evansville, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fred W. Schaeffer</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Steinhauer</u>		14. NAME OF HUSBAND OR WIFE <u>Clara</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>49407 6642</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene F. Nolan, Registrar</u>		ADDRESS <u>Vet. Adm. Hosp. Jeff. Brks. Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHOGENIC CARCINOMA, LEFT UPPER LOBE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
				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. <u>162x</u> <u>470</u>			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		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 <u>Jan. 8, 1949</u> , to <u>April 19, 1949</u> , that I last saw the deceased (alive on <u>April 19, 1949</u>) and that death occurred at <u>3:15 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L.E. Stilwell</u> (Degree or title) <u>L.E. Stilwell, M.D. Chf. of Prof. Services</u>				23b. ADDRESS <u>V.A. Hosp. Jeff. Brks. Mo.</u>		23c. DATE SIGNED <u>4/20/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 22, '49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-21-49</u>		REGISTRAR'S SIGNATURE <u>Thurmond Livingston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoffmeister U&L Co.</u> ADDRESS <u>St. Louis, Mo.</u>			

(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.

Student
Student Embalmer

Signed _____

Harry J. Schumacher

Licensed Embalmer No. 2699

P. O. Address 7814 S. Broadway

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.