

FILED AUG 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 25723
Registrar's No. 1536

BIRTH NO. _____ REG. DIST. NO. 6076 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural: Airport Township</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (In this place) <i>40 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>5830 Kennerly</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JEWISH SANATORIUM</i>			

3. NAME OF DECEASED a. (First) <i>William</i> b. (Middle) <i>Shaffer</i> c. (Last) <i>Shaffer</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 28 1949</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>unk</i>	9. AGE (In years last birthday) <i>85</i>	10. IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as desired) <i>Cabinet-maker</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
12. CITIZEN OF WHAT COUNTRY <i>USA</i>					

13a. FATHER'S NAME <i>Sam Shaffer</i>	13b. MOTHER'S MAIDEN NAME <i>Sarah Waldman</i>	14. NAME OF HUSBAND OR WIFE <i>Rose</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (N/A)) <i>No</i>	16. SOCIAL SECURITY NO. <i>Unknown</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Albert Shaffer</i> ADDRESS <i>5830 Kennerly</i>
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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) <i>Terminal pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>7 weeks</i> <i>2 1/2 years</i> <i>592x</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>if chronic glomerulonephritis</i> DUE TO (c) <i>hypertensive heart-disease</i>		
	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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 *July 13 1947*, to *June 28 1949*, that I last saw the deceased alive on *June 27 1949*, and that death occurred at *1:17 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Delia Gibson M.D.</i>	23b. ADDRESS <i>Jewish Sanatorium Fee Fee Road, Robertson, Mo.</i>	23c. DATE SIGNED <i>6.28.1949</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>6/30/49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emet</i>	24d. LOCATION (City, town, or county) (State) <i>University City Mo.</i>
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DATE REC'D BY LOCAL REG. <i>6-29-49</i>	REGISTRAR'S SIGNATURE <i>Herbert R. Dombrowski</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Berger Memorial</i> ADDRESS <i>4715 McPherson</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

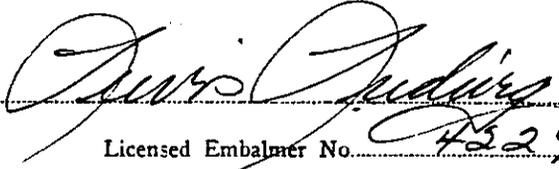
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 4529

P. O. Address

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.