

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 63

50
0

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

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-MERAMEC		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 4 Mos		d. STREET ADDRESS (If rural, give location) 4200 SHENAN DOAN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INFIRMARY		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 4 1949	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) CHARLES	
c. (Last) SCHIFFERLE		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 4 1949	
5. SEX MALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 9-1854
9. AGE (In years last birthday) 95		10. MONTHS 1	
11. DAYS 25		12. HOURS 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETAIL MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY RETAIL STORE	
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LEONZ SCHIFFERLE		13b. MOTHER'S MAIDEN NAME REATHA KELLER	
14. NAME OF HUSBAND OR WIFE MAGDALEN WEISS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Brother Conrad St. Joe Hill	
18. ADDRESS St. Joe Hill		19. INTERVAL BETWEEN ONSET AND DEATH	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CARDIAC INSUFFICIENCY ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC MYOCARDITIS DUE TO (c) ARTERIO-SCLEROSIS 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 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)		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 4/29 , 19 49 , to Sept 2 , 19 49 , that I last saw the deceased alive on Sept 2 , 19 49 , and that death occurred at 3:15 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE R. Mardis (Degree or title)		23b. ADDRESS 3155 No. VANOEYATER	
23c. DATE SIGNED 9/4/49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE SEPT. 7, 1949		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.		25. FUNERAL DIRECTOR'S SIGNATURE KRIEGSHAUSER	
25. ADDRESS 44V8 S. KINGSHIGHWAY		DATE REC'D BY LOCAL REG. Sept 6-49	
REGISTRAR'S SIGNATURE Phil J. Kirk		145	

RECEIVED SEP 10 1949
District Health Officer No. 9,
District File Number _____

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

Edwin A. M. Bennett

Licensed Embalmer No. 3024

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.