

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31898**
8169

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 7301 Olive St				d. STREET ADDRESS (If rural, give location) 4019 FINNEY AVE APT. 104			
3. NAME OF DECEASED (Type or Print) ALBERT		a. (First)		b. (Middle) SCHAEFER		c. (Last)	
4. DATE OF DEATH SEPT. 25 1950		(Month) (Day) (Year)		5. SEX MALE		6. COLOR OR RACE COLORED	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 20, 1891		9. AGE (In years last birthday) 59		if UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BELL HOP		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) CAPE GIRARDEAU, MO		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME THOMAS SCHAEFER		13b. MOTHER'S MAIDEN NAME MARY SWAN		14. NAME OF HUSBAND OR WIFE GENOLA SCHAEFER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 488-18-1912		17. INFORMANT'S SIGNATURE OR NAME Mrs Genola Schaefer ADDRESS 4019 Finney Ave			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke and of heart suffered when stabbed with knife in the hands of one Dr. Lagan (real?) in lobby of hotel at 3301 Olive St about 1245 am Sept 25 1950 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Whitish justifiable or homicidal gunshot wound determined open				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT OR SUICIDE HOMICIDE Verdict		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 800		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 69136		21d. HOW DID INJURY OCCUR? 46	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:50 m., from the causes and on the date stated above.			
23a. SIGNATURE Carlisle E. Taylor (Degree or title) Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9.28.50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-29-50		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO	
DATE REC'D BY LOCAL REG. SEP 28 1950		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.F. WALTON 2707 STODDARD ST			

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

OCT 31 1950

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.