

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1951

State File No. **21427**
Registrar's No. **5491**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5491		
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 township) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place) 3 Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2179		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS (If rural, give location) 4353 Shaw Avenue, 10.				
3. NAME OF DECEASED a. (First) Nanie (Type or Print)			b. (Middle) _____			c. (Last) Schaffer		
4. DATE OF DEATH (Month) (Day) (Year) June 15th, 1951								
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 21, 1882		
9. AGE (In years last birthday) 68		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 MIN. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Late Fred Schaffer		
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 Harold H. Schaffer, 4353 Shaw Avenue, 10/			
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.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with								
ANTECEDENT CAUSES auricular Fibrillation								
DUE TO (b) Arteriosclerosis, Generalized								
DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis Left Axillary Artery and Iliac Arteries, bilateral; Deep Emboli from lower extremities								
19a. DATE OF OPERATION March 12, 1951		19b. MAJOR FINDINGS OF OPERATION Wth Gangrene both lower extremities				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? H2O				
22. I hereby certify that I attended the deceased from March 10, 1951 , to June 15, 1951 , that I last saw the deceased alive on June 15, 1951 , and that death occurred at 3:00P m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Wm. D. Mannix, M.D.				23b. ADDRESS 634 W. Grand St. St. Louis, Mo.		23c. DATE SIGNED 6-16-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/18/51		24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Feutz		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 N. Natural Bridge Blvd.		ADDRESS _____				

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

Handwritten notes and scribbles in the top right corner, including the name "Kerr" and other illegible markings.

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

working under my personal supervision.

Student Embalmer No.

Signed Royal C. Linders

Signed.....
Student Embalmer

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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.