

FILED NOV 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 39673
9328
Registrar's No. 9328

BIRTH NO. _____		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>1003</u>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Missouri</u>			a. STATE <u>Clayton Mo.</u> b. COUNTY <u>XBMS.</u> St. L.		
c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township)		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>			d. STREET ADDRESS (If rural, give location) <u>8030 Bonhomme</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CLIFFORD</u>		b. (Middle)	
		c. (Last) <u>SCHAEFFER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 20 1951</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>9/19/1894.</u>		9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clayton Schools</u>		11. BIRTHPLACE (State or foreign country) <u>Clayton Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Peter Schaeffer</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Garman</u>	
14. NAME OF HUSBAND OR WIFE <u>Elenora Schaeffer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-36-0293</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elenora Schaeffer, Clayton, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEAD TRAUMA</u>		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.		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) (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 <u>9-24-51</u> , 19 <u>51</u> , to <u>10-20-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-20-51</u> , 19 <u>51</u> , and that death occurred at <u>8:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edwin H. Schmitt, M.D.</u>		23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>10-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/23/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>OCT 23 1951</u>		REGISTRAR'S SIGNATURE <u>Paul Bopp</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc</u>		ADDRESS <u>Kirkwood, 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

4366
[Handwritten 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.