

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14-416

No. 300
10-48

11 APR 16 1952
BIRTH NO. 25912 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. 1947
Registrar's No. 1947

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>7311 W. Florissant Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PAUL</u>	b. (Middle) <u>STEPHAN</u>	c. (Last) <u>SCHAEFER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 29, 1952</u>
-------------------------------------	------------------------	----------------------------	---------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>February 27, 1952</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	--	---	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>Ray Schaefer,</u>	13b. MOTHER'S MAIDEN NAME <u>Bernice Knoll,</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Schaefer, 7311 W. Florissant Ave</u>	ADDRESS <u>7311 W. Florissant Ave</u>
--	--------------------------------------	---	---------------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u>		
	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 checked="" 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? <u>75 ft. Ht.</u>
--	--	--

22. I hereby certify that I attended the deceased from 2-27, 1952, to 2-29, 1952, that I last saw the deceased alive on 2-28, 1952, and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kenneth J. Larsen M.D.</u> (Degree or title)	23b. ADDRESS <u>607 N. Grand.</u>	23c. DATE SIGNED <u>2-29-52</u>
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 1, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>FEB 29 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Stock, 2117 E. Grand Blvd.</u>	ADDRESS <u>2117 E. Grand Blvd.</u>
---	---	--	------------------------------------

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

-m 90 (Licensed Embalmer's Statement on Reverse Side)

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

not Embalmed

Signed

Licensed Embalmer No.

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.