

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6728**

FILED FEB 26 1953

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genevieve</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. LENGTH OF STAY (in this place) <u>1112 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mimith</u>		<u>0950</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u>		b. (Middle) <u>William</u>	c. (Last) <u>Schaaf</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1953</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>Oct. 10, 1891</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drill sharpener</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>maintenance</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ste. Genevieve, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Albert William Schaaf</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Fitzkom</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Louise Schaaf</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>498-05-7636</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Wilson Peck, Mt. Vernon, Missouri</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>pulmonary tuberculosis</u> about <u>10 years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>002X</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>few min.</u>
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) (Min.)	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>1-26-50</u> , 19 <u>50</u> , to <u>2-12-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-12-</u> , 19 <u>53</u> , and that death occurred at <u>8:15p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>C. A. Brunker M.D.</u>		23b. ADDRESS <u>Mt. Vernon, Missouri</u>		23c. DATE SIGNED <u>2-13-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>2-13-53</u>	24b. DATE <u>2-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve, Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-14-53</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendrick</u>	4-11-10	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo B Orr Mt Vernon Mo</u>		

(Licensed Embalmer) Statement on Reverse Side

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

B 20 1953
550

OCT 6 1955

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

Geo B Orr

..... Licensed Embalmer No.

..... P. O. Address *Mt Vernon*

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.