

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33991

State File No.

FILED OCT 15 1953

318

1003

Registrar's No. 9482

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 OR TOWN St. Louis,		c. LENGTH OF STAY (in this place) 74 Years	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		e. STREET ADDRESS (If rural, give location) 4184 Farlin Avenue	
3. NAME OF DECEASED a. (First) WILLIAM		b. (Middle) J.	
c. (Last) SCHAEFER		4. DATE OF DEATH (Month) (Day) (Year) October 1 1953	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan-18-1879
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Lumber Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jacob Schaefer	
13b. MOTHER'S MAIDEN NAME Dorothy Wipke		14. NAME OF HUSBAND OR WIFE Ethel F. Schaefer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel F. Schaefer
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		ADDRESS 4184 Farlin Avenue	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shotgun wound of right side		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. suffered when shot with gun in hands of unknown person in office at 6300		DUE TO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No Broadway about 600am		DUE TO	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Sept 30, 1953 Homicide	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Homicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or bldg., etc.) Office		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 30 53 6:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? F981X		22. I hereby certify that I attended the deceased from 10:18 AM to 10:18 AM, 1953, that I last saw the deceased alive on Sept 30, 1953, and that death occurred at 2:45 AM, from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Patrick E. Paifur, Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 10.3.53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 3 1953		24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H. Inc. 1936 St. Louis Ave	
DATE REC'D BY LOCAL REG OCT 3 1953		REGISTRAR'S SIGNATURE J. Earl Smith MD	

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 _____, Student Embalmer No. None working under my personal supervision..

Student None
Signature of Student Embalmer

Signed Delis J. Krupke

Licensed Embalmer No. 34

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.