

No. 300
10. 45

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34576**

FILED OCT 9 - 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>580</u>		Registrar's No. <u>2548</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pine Lawn</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shamrock Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>5208 Bonita</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Philipp</u>			b. (Middle) _____		c. (Last) <u>Schiffmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>June 18, 1868</u>		9. AGE (In years last birthday) <u>85 yrs.</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany, Grethen, Bad Duerkheim, Rhein Pfalz</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Killian Schiffmann</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Agatha Steinberg Schiffmann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>492-22-4109</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John C. Dennis</u> ADDRESS <u>5208 Bonita</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>Arteriosclerotic Heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>					
*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 DUE TO (b) _____							
rise to the above cause (a) stating the underlying cause last.							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic dementia</u> <u>unknown</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) (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>Aug 4, 1952</u> to <u>Sept 28, 1953</u> , that I last saw the deceased alive on <u>Sept 21, 1953</u> , and that death occurred at <u>10:15 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Louis Littmann M.D.</u> (Degree or title)				23b. ADDRESS <u>8231 Clayton Rd (17)</u>		23c. DATE SIGNED <u>9/29/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-1-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9/29/53</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden F.H. Inc.</u> ADDRESS <u>1936 St. Louis Ave.</u>			

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lewis E. Littmann,
8231 Clayton
Phone - 687-0104
Hours - 3 1/2 - 5 pm

Tuesday

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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 8452

P. O. Address M. J. Linn

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.