

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44470  
11733

FILED DEC 17 1953

State File No. 44470

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11733

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY					
b. CITY OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) <b>15 DAYS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DEACONESS - HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>17 1919 So. GRAND 2179</b>					
3. NAME OF DECEASED (Type or Print) <b>LOUISE S SHAFER</b>		a. (First)		b. (Middle)			
4. DATE OF DEATH <b>12 10 53</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)			
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>			
8. DATE OF BIRTH <b>6-28-1874</b>		9. AGE (In years last birthday) <b>79</b>		10. IF UNDER 1 YEAR: Months <b>5</b> Days <b>12</b> Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED-BRICK-CO.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWNER-BRICK CO</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MO</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>CHARLES-ZIMMERMAN</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISE - Jud</b>			
14. NAME OF HUSBAND OR WIFE <b>CHARLES - SHAFER</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>LOUISE - SHAFER</b>		ADDRESS <b>1919 So. GRAND</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) <b>Carcinoma of rectum with metastasis of liver;</b> DUE TO (c) <b>atelectasis, Generalized Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>154X</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1050P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Wm. Perry Deputy Coroner</b>		(Degree or title)		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>12/12/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>12-14-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>VALHALLA-MAUSOLEUM</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO MO</b>	
DATE REC'D BY LOCAL REG. <b>DEC 12 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>JAY-B. SMITH</b>		ADDRESS <b>MAPLEWOOD. MO</b>	

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

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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. 4029

P. O. Address Maplewood

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.