

STANDARD CERTIFICATE OF DEATH

State File No. **10401**  
Registrar's No. **2447**

BIRTH NO. FILED **MAR 25 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Missouri</b>		c. CITY OR TOWN <b>Kansas City</b>	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 <b>BARNES HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>7-w 52nd</b>	

3. NAME OF DECEASED (Type or Print)		a. (First) <b>CHARLES</b>	b. (Middle) <b>LOUIS</b>	c. (Last) <b>SCHAEFER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3 13 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Jan. 22, 1908</b>	9. AGE (In years last birthday) <b>46</b>	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Physician</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>London, England</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Carl Schaefer</b>		13b. MOTHER'S MAIDEN NAME <b>Lena Kuse</b>		14. NAME OF HUSBAND OR WIFE <b>Esther Schaefer 7-w 52nd Kansas City, Mo.</b>	
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.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Esther Schaefer 7-w 52nd Kansas City, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia - Broncho &amp; Peritonitis</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Post gastrectomy, Syndrome &amp; Gastritis</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 <b>3/7/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Gastritis</b>		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)		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 **FEBRUARY 25, 1954**, to **MARCH 12, 1954**, that I last saw the deceased alive on **MARCH 12, 1954**, and that death occurred at **8:45p** m., from the causes and on the date stated above.

23a. SIGNATURE <i>C. J. Vermillion, M.D.</i> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>3-12-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-14-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Independence</b>	
24d. LOCATION (City, town, or county) (State) <b>Independence Mo</b>		24e. DATE REC'D BY LOCAL REG. <b>MAR 16 1954</b>		24f. REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

25. FUNERAL DIRECTOR'S SIGNATURE <i>Poland R Spears</i>		ADDRESS <b>Kansas City Mo</b>	
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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. 43  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.