

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32156

XC# 1314 47 44

State File No. ....

ST# 2485

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 8247

BIRTH NO. ....

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY JERSEY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, MO.		c. LENGTH OF STAY (In this place) 21 Days	c. CITY OR TOWN FIELDON		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			e. STREET ADDRESS (If rural, give location) ROUTE #1		
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) H. c. (Last) SCHAEFFER			4. DATE OF DEATH (Month) (Day) (Year) 9-6-1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-2-1892	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) BADERS, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JAKE SCHAEFFER		13b. MOTHER'S MAIDEN NAME LAURA MOORE		14. NAME OF HUSBAND OR WIFE TDA SCHAEFFER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WW-1 548 229 948	17. INFORMANT'S SIGNATURE OR NAME VA. HOSP. RECORDS, ST. LOUIS, MO. ADDRESS		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EDEMA AND PASSIVE CONGESTION			24 HRS.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) OPERATIVE PROCEDURE FOR HEPATOMA			6 DAYS		
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HEPATOMA AND LAENNEC'S CIRRHOSIS			3 MOS.		
19a. DATE OF OPERATION 8-30-54	19b. MAJOR FINDINGS OF OPERATION ENLARGED LIVER AND SPLEEN		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) (Minute) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1561			
22. I hereby certify that I attended the deceased from 8-16, 1954, to 9-6, 1954, that I have examined the deceased, and that death occurred at 9:05A. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) R. E. WEIGEL M.D.			23b. ADDRESS VAH, ST. LOUIS, MO.		23c. DATE SIGNED 9-6-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-6-54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Alton, Ill.		
DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE SEP 7 1954 Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Gent Funeral Home, Alton, Ill.		

(Licensed Embalmer's Statement on Reverse Side)

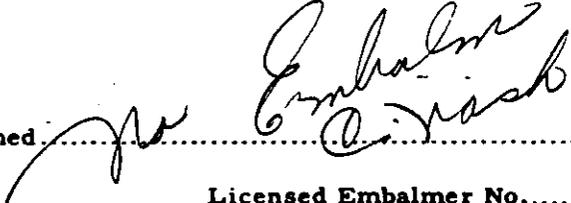
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
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.