

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24321

State File No.

FILED AUG 2 - 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5484**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis	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 (If not in hospital or institution, give street address or location) 6531 Loran Ave.		e. STREET ADDRESS (If rural, give location) 14 5313a S. Kingshighway Bl.	

3. NAME OF DECEASED (Type or Print) JULIUS	a. (First)	b. (Middle)	c. (Last) SCHAFFER	4. DATE OF DEATH (Month) (Day) (Year) Jun. 22 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 24, 1881	9. AGE (in years last birthday) Months Days 73	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker-St. Louis Fire Door Co.	10b. KIND OF BUSINESS OR INDUSTRY Louis Fire Door Co.	11. BIRTHPLACE (City and State or Foreign Country) Hungary	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Johan Schaffer	13b. MOTHER'S MAIDEN NAME Johanna Martin	14. NAME OF HUSBAND OR WIFE Katharina Schaffer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Katharina Schaffer	ADDRESS 5313a S. Kingshighway
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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, athenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11/4/54
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - sigmoid colon		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis & hypertension DUE TO (c) arteriosclerosis & hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 4/22/55	19b. MAJOR FINDINGS OF OPERATION Same as above - no loss of any organs	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Co. Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 153X
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22. I hereby certify that I attended the deceased from **11-4-54**, to **6-22-55**, that I last saw the deceased alive on **6-22-55**, and that death occurred at **9:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE O. C. Schaffer	(Degree or title)	23b. ADDRESS 4523 S Kingshighway	23c. DATE SIGNED 6-23-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jun. 25, 1955	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. JUN 24 1955	REGISTRAR'S SIGNATURE J. C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
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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..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard W. Storrison*

Licensed Embalmer No. 400

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.