

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

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24363**  
Registrar's No. **5534**

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before ad(mission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>St. Louis</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>  |  | c. LENGTH OF STAY (in this place)<br><b>1 1/2 hrs.</b>  |  | c. CITY OR TOWN <b>St. Louis</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>   |  |   |  | e. STREET ADDRESS (If rural, give location)<br><b>6237 Archwood Lane</b>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  |   | 4. DATE OF DEATH                                       |  |  |  |  |
| a. (First) <b>SHIELA</b>  |  | b. (Middle) <b>JANE</b>   |  | c. (Last) <b>SHAFFER</b>   |  | June 23, 1955  |  |
| 5. SEX <b>female</b>  |  | 6. COLOR OR RACE <b>white</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>-Infant</b>  |  | 8. DATE OF BIRTH <b>June 23, 1955</b>  |  |
| 9. AGE (In years last birthday) <b>0</b>  |  | IF UNDER 1 YEAR Months <b>0</b>   |  | IF UNDER 1 YEAR Days <b>0</b>  |  | IF UNDER 1 YEAR Hours <b>1</b> Mins. <b>30</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>-Infant-</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>-</b>          |  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Missouri</b>   |  |
| 12. CITIZENRY OF WHAT COUNTRY?<br><b>USA</b>  |  |   |  |  |  |  |  |
| 13a. FATHER'S NAME<br><b>Wilbert E. Shaffer</b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Shirley Knoppmeier</b> |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>-</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |  | 16. SOCIAL SECURITY NO. <b>none</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Wilbert E. Shaffer 6237 Archwood Lane</b>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thromboplastic Polyp</b><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>(R.H. neg / Polyp)</b><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Delayed heart - liver - glau</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Less</b>  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Delayed heart - liver - glau<br/>Retains with hemorrhage<br/>in all organs</b>   |  |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE <b>100</b>   |  | 21b. PLACE OF INJURY (e.g., in apartment home, farm, factory, street, public bldg., etc.)   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) (Sec) <b>10</b>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br><b>7700</b>  |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>6-23-55</b> to <b>6-23-55</b> , that I last saw the deceased alive on <b>6-23-55</b> , and that death occurred at <b>9:30 P</b> m., from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE <b>D. C. [Signature]</b>   |  |   | 23b. ADDRESS <b>4523 S Kuyper St</b>                   |  |  | 23c. DATE SIGNED <b>6/24/55</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |  | 24b. DATE <b>June 25, 1955</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Our Redeemer Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>   |  |
| DATE REC'D BY LOCAL REG. <b>JUN 27 1955</b>   |  | REGISTRAR'S SIGNATURE <b>[Signature]</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Beiderwieden F.H. Inc., 1936 St. Louis Ave.</b>   |  |  |  |

12-2 pm  
Dr. Pfeifer  
4523 S. Kingshighway

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

*Not Embalmed*

Signed.....  
*Norman J. Gochler*  
Funeral Director  
Licensed Embalmer No. ....

P. O. Address *3670 Chipp*

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.