

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28463

State File No. _____

FILED AUG 29 1955

BIRTH NO. 54156-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1828

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY OR TOWN <u>Rahmond Heights</u>		c. CITY OR TOWN <u>?</u>	
c. LENGTH OF STAY (in this place) <u>1 hr</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>131 E. Pottle</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>INFANT</u> b. (Middle) <u>SCHAEFER</u> c. (Last) <u>SCHAEFER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>AUG 5 1955</u>
9. AGE (In years last birthday) <u>0</u> if UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Mins. <u>05</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE - INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Albert S. Schaeffer</u>	
13b. MOTHER'S MAIDEN NAME <u>Edna Edmann</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Albert S. Schaeffer</u>		ADDRESS <u>131 E. Pottle</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anencephalus</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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		19b. MAJOR FINDINGS OF OPERATION <u>750t</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?		22. I hereby certify that I attended the deceased from birth <u>8-5, 1955</u> to <u>8-5, 1955</u> , that I last saw the deceased alive on <u>8-5, 1955</u> , and that death occurred at <u>10:35 AM</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Erwin T. Huber MD</u> (Degree or title)		23b. ADDRESS <u>no theatre Bldg</u>	
23c. DATE SIGNED <u>8-5-55</u>		24a. RURAL CREMATION <u>YES</u>	
24b. DATE <u>8-6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Peter & Paul Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert P. Donke, Jr. D. J. Kandler Und. Co 7420 Madison</u>	
DATE REC'D BY LOCAL REG. <u>8/5/55</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donke, Jr. D. J. Kandler Und. Co 7420 Madison</u>	

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 *A. G. Peterson*.....

Licensed Embalmer No. *376*.....

P. O. Address *7420 Muc*.....

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.

Not Embalmed