

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5437**

FILED FEB 29 1956

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

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>1595</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Imperial P. Park</b>		c. LENGTH OF STAY (in this place) <b>6 months</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is 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 <b>Four Oaks Nursing Home</b>				• STREET ADDRESS (If rural, give location) <b>3127 Alfred ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Helen</b>		b. (Middle) <b>-----</b>		c. (Last) <b>Schaefer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 16, 1956</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>April 1, 1880</b>	
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NI</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>New Baden, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>				13a. FATHER'S NAME <b>Jacob Stahler</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Wolf</b>	
14. NAME OF HUSBAND OR WIFE <b>Daniel C.</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>328-03-7007D</b>	
17. INFORMANT'S SIGNATURE AND ADDRESS <b>Wm. J. Schaefer 5017 DeVille St. L. 19, Mo.</b>							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral thrombosis.</b> ANTECEDENT CAUSES <b>arteriosclerosis.</b> Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b> <b>20 yrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>332x</b>	
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 <b>Nov. 55, 19</b> , to <b>Feb</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Feb. 12, 19-56</b> and that death occurred at <b>12.45 Pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. B. Kellett M.D.</b> (Degree or title)				23b. ADDRESS <b>2627 Telegraph</b>		23c. DATE SIGNED <b>2/15/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Feb. 20, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Belleville, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>Feb 18-1956</b>		REGISTRAR'S SIGNATURE <b>Ruth Jissa 43870</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>C. Hoffmeister U. &amp; L. Co. 7814 S. Broadway</b>			

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 23 1956

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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 *Linus C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. B...*.....

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.