No. 300
10.48

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

XC FILED FEB 17 1956

Reg. #13828
SL #8683

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7168

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1095

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: 915 N.Grand,St.Louis,Mo.
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 6137 Louisiana 2019 D

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): A.
c. (Last): SCHAEFFER

4. DATE OF DEATH (Month) (Day) (Year): January 31, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5/17/93
9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool & Dye Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Harrisonville, Ill.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: William Schaeffer
13b. MOTHER'S MAIDEN NAME: Katherine Fedder
14. NAME OF HUSBAND OR WIFE: Mary Schaeffer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.: 494-09-2611
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: VA Hosp. Records, St.Louis, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: Undetermined

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) HYPERTENSIVE HEART DISEASE — "

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS 443X — "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 420-0
20. AUTOPSY? YES [X] NO [ ]

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): VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/20, 1956, *to* 1/31/56, 19__, *and that death occurred at* 5:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE J.T. Kaminskas (Degree or title) M.D.
23b. ADDRESS 915 N.Grand VAH, St. Louis, Mo.
23c. DATE SIGNED 1/31/56

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 2-3-56
24c. NAME OF CEMETERY OR CREMATORY: National Cem.
24d. LOCATION (City, town, or county) (State): Jeff. Brks., Mo.

DATE REC'D BY LOCAL REG.: FEB 1 1956
REGISTRAR'S SIGNATURE: Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hadley F. Zoeller Jr

Licensed Embalmer No. 495

P. O. Address St. Louis

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