

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 7 1956

State File No. **29084**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7559**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place) <b>D.O.A.</b>	c. CITY OR TOWN <b>Overland</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>Pronounced Dead City Morgue</b>		e. STREET ADDRESS (If rural, give location) <b>9634 Tennyson Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Herman</b> c. (Last) <b>Schaefer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 14, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 10, 1877</b>	9. AGE (In years last birthday) <b>79</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 18 HRS: Hours _____ Mins _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Veneerman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Flooring</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Herman Schaefer</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Alvina A. Schaefer</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>488-07-3439</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alvina A. Schaefer 9634-Tennyson Ave</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs 31 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Hypertension &amp; Coronary atherosclerosis</b>		
ANTECEDENT CAUSES 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.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-18-1953**, to **8-14-1956**, that I last saw the deceased alive on **8-13-1956**, and that death occurred at **2 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herman Kloesker</b>	(Degree or title)	23b. ADDRESS <b>9616 Rowland Rd.</b>	23c. DATE SIGNED <b>8-14-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8-16-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pagedale, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>AUG 15 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	GENERAL DIRECTOR'S SIGNATURE <b>William H. ...</b>	ADDRESS <b>2504-Woodson Rd-Overland-14-Mo.</b>
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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..... David C. Gibson

Licensed Embalmer No. 3454

P. O. Address..... Ourland

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.