

health, welfare, public, services
 300
 154
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms may be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

STATE FILE NUMBER **7154**
 Registration District No. **317** Primary Registration District No. **500** Registrar's No. **332**

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lemay 4860		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lemay Nursing Home			Length of stay in lb 5 months		d. STREET ADDRESS (If outside, give location) 1204 Telegraph Road		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) Carl First F. Middle Schaeffer Last				4. DATE OF DEATH Month February Day 2 Year 1957										
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH December 24, 1894		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. Louis County, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME John R. Schaeffer						14. MOTHER'S MAIDEN NAME Augusta Idecker								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1				16. SOCIAL SECURITY NO. 489-18-1681		17. INFORMANT Address Irvin Schaeffer Sr. 901 Erskine ave.								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										INTERVAL BETWEEN ONSET AND DEATH 15 min 4 yrs				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)											
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____														
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE		
21. I attended the deceased from 1/9/57 , to 2/2/57 and last saw ^{her} _{him} alive on 2/2/57 Death occurred at 12 noon m on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) Michael L. Barwick M.D.						22b. ADDRESS 7615 So. Broadway			22c. DATE SIGNED 2/4/57					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 5, 1957		23c. NAME OF CEMETERY OR CREMATORY New St. John's Cemetery			23d. LOCATION (City, town, or county) (State) Mehlville, Mo.							
24. FUNERAL DIRECTOR ADDRESS C. Hoffmeister Mortuary 7814 S. Broadway					25. DATE RECD. BY LOCAL REG. 2-5-57			26. REGISTRAR'S SIGNATURE Herbert B. Dombek						

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 *Lin C. Draxton*.....

Licensed Embalmer No. *47*.....

P. O. Address *St. Louis*.....

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.