

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 6 - 1957

State File No. **15235**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3750**

WRITE PLAINLY—USING UNFADING PERSK INK—MAKE A PERMANENT RECORD:

| | | | | | |
|---|--|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY _____ | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Saint Louis | | c. LENGTH OF STAY (In this place) Life | c. CITY OR TOWN Bissell Hills | | d. 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 (If not in hospital or institution, give street address or location) 37 Stone Nursing Home | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) HARRY | | | b. (Middle) G. | | c. (Last) SCHAEFER |
| 4. DATE OF DEATH (Month) (Day) (Year) April 18th, 1957 | | | 5. STREET ADDRESS (If rural, give location) 2710 1209 Danville Drive, | | |
| 5. SEX Male | | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 25th, 1884 | |
| 9. AGE (In years last birthday) 72 | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cashier | | | 10b. KIND OF BUSINESS OR INDUSTRY Stifel Nicholas | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Henry Schaefer | | | 13b. MOTHER'S MAIDEN NAME Anna Vogler | | 14. NAME OF HUSBAND OR WIFE Late Bessie L. Schaefer |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Phil Schmidt, 4610 Pope Avenue, 15, |
| 18. CAUSE OF DEATH (Explain only one cause or line for (a), (b), and (c)) <i>General infirmities</i> | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>General infirmities</i> | | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks |
| * This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E904:0 | | | III. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Fractured hip Rheumatism arthralgia |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 23 | | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home | | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Co. Mo. | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ab. 1-18-57 ? m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Fell at home. | |
| 22. I hereby certify that I attended the deceased from Mar 1, 1957 , to April 18, 1957 , that I last saw the deceased alive on 4-18, 1957 , and that death occurred at 6:30A.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE M. Kimmelman MD | | | 23b. ADDRESS 2906 Union | | 23c. DATE SIGNED 4-18-57 |
| 24a. BURIAL, CREMATION, REMOVAL Removal-Motor | | 24b. DATE 4/20/57 | 24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery | | 24d. LOCATION (City, town, or county) (State) Hematite, Missouri |
| DATE REC'D BY LOCAL HEALTH DEPT. APR 19 57 | | REGISTRAR'S SIGNATURE Carl Smith MD | | FEDERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Missouri | |

1:30PM to 5:00PM
Thursday

File in City

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 *John A. M... ..*
Licensed Embalmer No. 4186

P. O. Address *St. Louis, Mo.*

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.