

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007763  
STATE FILE NUMBER  
1763

FILED FEB 28 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1763**

300  
-57

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. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>		Length of stay in lb <b>1 yr.</b>	d. STREET ADDRESS (If outside, give location) <b>1570 3140 Meramec St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Reverend Barnabas Schaefer O.F.M.</b>			4. DATE OF DEATH Month Day Year <b>February 13, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>December 10, 1879</b>
9. AGE (In years last birthday) <b>78</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Franciscan Fathers</b>	11. BIRTHPLACE (City and state or country) <b>Stetten, Germany</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Religious Priest</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE
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>None</b>	17. INFORMANT <b>Reverend Severin Nelles O.F.M.</b> Address <b>3140 Meramec St.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>LINNETUS PLASTICA (STOMACH) WITH METASTASIS TO PERITONEUM</b>			INTERVAL BETWEEN ONSET AND DEATH <b>ABOUT 1 YR.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <b>151X</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 <b>JAN 1953</b> to <b>2/12/58</b> and last saw him alive on <b>2/13/58</b> Death occurred at <b>3:35 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert G. Wanner</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>818 OLIVE ST</b>	22c. DATE SIGNED <b>2/14/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/17/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SS. Peter and Paul Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>
24. FUNERAL DIRECTOR <b>Gebken-Benz Mortuary 2842 Meramec St. St. Louis 18 Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 14 '58</b>	26. REGISTRAR'S SIGNATURE <b>Paul Smith MD</b>

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION - USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Me, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Joe B. Benz .....

Licensed Embalmer No. 4249  
P. O. Address 2842 Meramec St.  
St. Louis 18 Missouri

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.