

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-012770
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>819</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Normandy</u>		c. LENGTH OF STAY (in this place) <u>12 Days</u>		c. CITY OR TOWN <u>Jennings</u>		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 <u>Normandy Ost. Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>5435 Fletcher</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u>			b. (Middle) <u>HERMAN</u>		c. (Last) <u>Schaefering</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-19-58</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>10-2-1888</u>	9. AGE (In years last birthday) <u>69</u>	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) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Manufacturing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>August. Schaefering</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Kaiser</u>		14. NAME OF HUSBAND OR WIFE <u>Charlotte Schaefering</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>488-03-1409</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William F. Schaefering</u>		ADDRESS <u>9202 Gedde Ave.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				ANTECEDENT CAUSES DUE TO (b) <u>Nephrosclerosis</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) <u>General arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>areteriosclerotic heart disease</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H46X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>/</u>			
22. I hereby certify that I attended the deceased from <u>3-7</u> , 19 <u>58</u> , to <u>3-19</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>3-19</u> , 19 <u>58</u> , and that death occurred at <u>2:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert W. Shelby</u>				(Degree or title) <u>Dr.</u>		23b. ADDRESS <u>1917 N. Hanley Rd. St. Louis 14</u>	
23c. DATE SIGNED <u>3-2-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/22/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Frutz</u>		ADDRESS <u>4828 Natural Bridge Blvd., FUNERAL HOME, Inc., St. Louis, 15, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-21-58</u>		REGISTRAR'S SIGNATURE <u>Robert P. Donke M.D.</u>					

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. *418*

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.