Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042195

STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar No. 10693

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BARNES HOSPITAL — Length of stay in 1b 04

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3506a Arsenal St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GUSTAVE Middle NMN Last SCHAEFER

4. DATE OF DEATH Month NOVEMBER Day 5, Year 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Jan. ~~24~~ 16, 1899

9. AGE (In years last birthday) 59 — 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) Bookbinder

10b. KIND OF BUSINESS OR INDUSTRY Lewin Bookbinding

11. BIRTHPLACE (City and state or country) Germany 4

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jacob Schaefer

13b. MOTHER'S MAIDEN NAME ~~Unknown~~ Louise Schmid

14. NAME OF HUSBAND OR WIFE U.S.A.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 489-03-9921 ~~Unknown~~

17. INFORMANT Kate Schaefer — Address 3506a Arsenal St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) EPIDERMOID CARCINOMA OF TONGUE WITH PULMONARY METASTASES — INTERVAL BETWEEN ONSET AND DEATH 1 YEAR

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 141.9

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 ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

ITEM 8, 13b, 16, 21 CORRECTED BY AFFIDAVIT OF Informant & Physician 1-28-59 DEL

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 OCT. 24, 1958, to NOV. ~~6~~ 5, 1958 and last saw her/him alive on NOV. ~~6~~ 5, 1958

Death occurred at 10:55 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. A. Vermillion, M.D. M. D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 11/6/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov.10,1958

23c. NAME OF CEMETERY OR CREMATORY New St.Marcus Cemetery

23d. LOCATION (City, town, or county) St.Louis, (State) Missouri

24. FUNERAL DIRECTOR WACKER-HELDERLE — ADDRESS 3634 Gravois Ave.

25. DATE RECD. BY LOCAL REG. NOV 7 '58

26. REGISTRAR'S SIGNATURE Earl Smith MD Y.P.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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

Student ..... Signed Felix J. Krupin
Signature of Student Embalmer

Licensed Embalmer No. 3497

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.