

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042653

State File No. ....

FILED NOV 18 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2897

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		c. CITY OR TOWN <b>Pacific</b> <b>0500</b>	
c. LENGTH OF STAY (In this place) <b>1 DAY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			
e. STREET ADDRESS (If rural, give location) <b>Main Local</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Baby Girl</b> b. (Middle) _____ c. (Last) <b>Schaffer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>November 9, 1958</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	
8. DATE OF BIRTH <b>November 8, 1958</b>		9. AGE (In years last birthday) <b>1</b>		IF UNDER 1 YEAR: Months _____ Days <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Roy Earl Schaffer</b>		13b. MOTHER'S MAIDEN NAME <b>Lucille Comer</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Roy E. Schaffer</b>		ADDRESS _____			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PREmaturity (30 weeks)</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Premature separation Placenta</b>			
		DUE TO (c) <b>Previa in Mother (Hemorrhage)</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input 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) <b>7615</b>	
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?	

22. I hereby certify that I attended the deceased from 11/8, 1958, to 11/9, 1958, that I last saw the deceased alive on 3 AM 11/9, 1958, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE <b>W.F. Edwards</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Kirkwood, Mo</b>		23c. DATE SIGNED <b>11/9/58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov 11, 1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pacific Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Pacific Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-10-58</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Damp</b>		FUNERAL DIRECTOR'S SIGNATURE <b>John L. Sheeks</b>		ADDRESS <b>Pacific Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

*Body not embalmed*  
*Mrs. John L. Sheehy, Funeral Director*

Licensed Embalmer No.....

P. O. Address.....

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.