

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011363  
STATE FILE NUMBER  
2 2043  
Registrar's No.

Registration District No. Primary Registration District No. Registrar's No.

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, give TOWNSHIP only) OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MEHLVILLE 4000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSP Length of stay in 1b 0		d. STREET ADDRESS (If outside, give location) Res 14-Box 951 Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last DONALD KENNETH SCHLAFFER			4. DATE OF DEATH Month Day Year FEB - 23 - 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 1 <sup>ST</sup> 1929
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PATTERN MAKER		9b. AGE (In years last birthday) 29	9c. AGE (In years last birthday) IF UNDER 1 YEAR Months 11 Days 22 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PATTERN MAKER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or Country) ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME FRANK SCHLAFFER	
14. MOTHER'S MAIDEN NAME ANNA KOGLIN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT MRS. NAOMI SCHLAFFER AFFON MO Address R-14-Box 951	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Virus Generalized Encephalitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 082.3 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cerebral Edema.			INTERVAL BETWEEN ONSET AND DEATH 1 month
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 WORK <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 2/3/56 to 2/23/59 and last saw him alive on 2/2/59 Death occurred at 7:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Walter H. Necker (Degree of M.D.)		22b. ADDRESS 310 8 S. Grand	
22c. DATE SIGNED FEB 26 59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE FEB-27-1959	
23c. NAME OF CEMETERY OR CREMATORY NEW ST. JOHNS P.C.M.		23d. LOCATION (City, town, or county) MEHLVILLE MO (State)	
24. FUNERAL DIRECTOR FEY FUNERAL HOME MEHLVILLE MO		25. DATE RECD. BY LOCAL REG. FEB 26 '59	
26. REGISTRAR'S SIGNATURE Joan Smith, M.D.			

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Gustav W. Ginter*

Licensed Embalmer No.....  
*43*

P. O. Address.....  
*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.