

Dept. Health, Educ., & Welfare
U. S. Public Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-0277339
STATE FILE NUMBER 1771
1767

EXPIRES VS JUL 21 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No.

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS Co.		c. CITY OR TOWN EDWARDSVILLE Madison	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Glenwood Home & Hospital 17 day		d. STREET ADDRESS (If outside, give location) 233 Hickory St.	

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM H SCHAFER			4. DATE OF DEATH Month Day Year June 30 59		
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 18, 1886	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Edwardsville, Ill	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME HENRY L. SCHAFER	13b. MOTHER'S MAIDEN NAME runk	14. NAME OF HUSBAND OR WIFE runk
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT Chester Schafer 1037 Glenbrk. Glendale, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial insufficiency		INTERVAL BETWEEN ONSET AND DEATH 96 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) hypostatic pneumonia		144 hrs
	DUE TO (c) generalized and cerebral arteriosclerosis		10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostate - carcinoma		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT 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
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21. I attended the deceased from 6-13-59 to 6-30-59 and last saw her alive on 6-30-59 Death occurred at 6-30-59 7:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Thomas T. [Signature]	22b. ADDRESS 1300 Grant Rd.	22c. DATE SIGNED 7-1-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7-3-59	23c. NAME OF CEMETERY OR CREMATORY CALVARY	23d. LOCATION (City, town, or county) (State) EDWARDSVILLE ILL.
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24. FUNERAL DIRECTOR WEBER FUNERAL HOME	ADDRESS EDWARDSVILLE ILL	DATE RECD. BY LOCAL REG. 7-2-59	26. REGISTRAR'S SIGNATURE John C. Murphy
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(Licensed Embalmer's Statement on Reverse Side)

The funeral director is responsible for the proper completion of the entire certificate. This includes the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Weber Funeral Home*

Licensed Embalmer No.

P. O. Address *Edwardsville*

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.