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

V. S. 300 Rev. 1-57

FILED VS OCT 16 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-036392

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4709

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION 801 E Gregory — Length of stay in 1b 35 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 801 E. Gregory (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Edward Middle: George Last: Schaefer

4. DATE OF DEATH Month Sept. Day 26 Year 1959

5. SEX Male 6. COLOR OR RACE Caus. 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH March 17, 1900 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) Steel Distributor
10b. KIND OF BUSINESS OR INDUSTRY Steel Manufacturing
11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Schaefer
13b. MOTHER'S MAIDEN NAME Augusta Klingler
14. NAME OF HUSBAND OR WIFE Marguerite Schaefer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Marguerite Schaefer Address 801 E. Gregory

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Adenocarcinoma of right Lung — 1 Year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary " " Left Lung — 1 1/2 years.
c Pneumonectomy.
DUE TO (c) 1621

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Bronchopneumonia Acute — Terminal - 2 days.

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.)
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 April 20, 1959, to 26 Sept. 1959 and last saw her/him alive on 25 Sept. 1959
Death occurred at 10:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Philip G. Kaul (Degree or title) MD.
22b. ADDRESS 411 Nichols Road
22c. DATE SIGNED 9-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Sept 29, 1959
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis (State) Missouri

24. FUNERAL DIRECTOR Muehlebach ADDRESS 6800 Troost
25. DATE RECD. BY LOCAL REG. 9-28-59
26. REGISTRAR'S SIGNATURE Neva Marshall

securing 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.

Philip G. Kaul USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Kaul. 175
Plaza Times Bldg.
12:30 – 1:00 PM

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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address R.C. Mo

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.