MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-006874
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1234

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A. City-Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3011 McNair ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: George Middle: J. Last: Schaefer
4. DATE OF DEATH: Month: February Day: 4 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-3-1898
9. AGE (last birthday): 62
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Benjamin Moore Paint Co.
11. BIRTHPLACE (City and state or country): Freeburg, Mo.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Unknown Schaefer
13b. MOTHER'S MAIDEN NAME: Mary Goller
14. NAME OF HUSBAND OR WIFE: Lucille
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. Lucille Schaefer Address: 3011 McNair ave.

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): Gunshot Wound of Throat,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Self inflicted in home on 2-4-61
DUE TO (c): Suicide
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 976x
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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.) See above
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year: 2-4-61
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.): Home
20f. CITY, TOWN, OR LOCATION: St Louis, Mo. COUNTY STATE
21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 1135 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title) Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 2-7-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-9-1961
23c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cemetery
23d. LOCATION (City, town, or county) (State): 7901 Gravois ave.
24. FUNERAL DIRECTOR: C. Hoffmeister Mortuaries ADDRESS: 7814 S. Broadway
25. DATE RECD. BY LOCAL REG.: FEB 7 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
			4/2

BY AFFIDAVIT OF DOCUMENT

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 John L. Dennek

Licensed Embalmer No. 4194

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.