SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-039190
STATE FILE NUMBER

AMENDED

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 9670

FILED OCT 26 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis 9 — Length of stay in 1b

c. CITY OR TOWN St. Louis, — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Anthony's Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 6926 Jamieson Avenue — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Frank A/K/A Middle Franz Last Schofro Schofro

4. DATE OF DEATH Month October Day 18, Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3/10/1890

9. AGE (last birthday) 71 years — IF UNDER 1 YEAR Months 7 Days 8 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor - Retired

10b. KIND OF BUSINESS OR INDUSTRY Self-employed

11. BIRTHPLACE (City and state or country) Rumania

12. CITIZEN OF WHAT COUNTRY U.S.A. Naturalized

13a. FATHER'S NAME Nicholas Schofro

13b. MOTHER'S MAIDEN NAME Katharina Getz

14. NAME OF HUSBAND OR WIFE Elizabeth Schofro (nee (Teister

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. yes

17. INFORMANT Mrs. Elizabeth — Address 6926 Jamieson Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH ~~3yr~~

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of colon — 3yrs.
DUE TO (c) 153.8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease

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.)

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 Jan 1951, to Oct 18, 61 and last saw him alive on Oct. 17, 61
Death occurred at 3:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond T Martin, MD

22b. ADDRESS 5203 Chippewa St

22c. DATE SIGNED 10/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 10/20/61

23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park

23d. LOCATION (City, town, or county) (State) St. Louis County

24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary — ADDRESS 6464 Chippewa

25. DATE RECD. BY LOCAL REG. OCT 19 1961

26. REGISTRAR'S SIGNATURE Carl Smith M.D.

DATE AMENDED 9/2

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

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 Lee C. Dawson

Licensed Embalmer No. 4764

P. O. Address St Louis 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.