SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-042855
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11190

FILED DEC 12 1961

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5543 Grace Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First John Middle Schaberg Last
4. DATE OF DEATH: Month Dec. Day 1 Year 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec. 25, 1900
9. AGE (last birthday): 60
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): Ret. City Fireman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Chas. Schaberg
13b. MOTHER'S MAIDEN NAME: Julia Hartmann
14. NAME OF HUSBAND OR WIFE: Pearl Schaberg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: unk
17. INFORMANT: Pearl Schaberg Address: 5543 Grace, St. Louis Mo

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): Hepatic Insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cirrhosis of Liver
DUE TO (c): 581.0
INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 1948 to Dec 1, 1961 and last saw her him alive on Nov. 30, 1961
Death occurred at 5-40 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Joseph E Carney (Degree or title) M D
22b. ADDRESS: 3601 So Jefferson
22c. DATE SIGNED: 12-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 12-4-61
23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.
24. FUNERAL DIRECTOR: Southern Funeral Home ADDRESS: 6322 S. Grand, St. Louis, Mo.
25. DATE RECD. BY LOCAL REG.: DEC 1 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.
DOCUMENT
BY AFFIDAVIT OF

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_____ Signed David Van Fossan.

Signature of Student Embalmer

Licensed Embalmer No. 4242

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.