

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=62-008670**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

2158

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

FILED FEB 28 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>				Length of stay in 1b		a. STATE <b>Mo.</b> b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. City Hospital</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>	
						d. STREET ADDRESS (If outside, give location) <b>3916 Potomac St.</b>	
3. NAME OF DECEASED (Type or print)				First		Middle	
				<b>PAUL</b>		<b>R.</b>	
				Last		<b>SCHAFFER</b>	
4. DATE OF DEATH				Month		Day	
				<b>Feb.</b>		<b>20</b>	
				Year		<b>1962</b>	
5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH	
<b>Male</b>		<b>White</b>				<b>1-25-1900</b>	
9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR			
<b>62</b>		Months		Days		Hours	
						Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
<b>Machinist-Unexcello Dye</b>				<b>Co.</b>			
11a. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY			
<b>Festus, Mo.</b>				<b>U.S.A.</b>			
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME			
<b>Fred Schafer</b>				<b>Louise Mitzel</b>			
14. NAME OF HUSBAND OR WIFE				<b>Dolly Schafer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address	
<b>No</b>				<b>None</b>		<b>Dolly Schafer 3916 Potomac St.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>							
DUE TO (b) <b>Arteriosclerotic Heart Disease with</b>							
DUE TO (c) <b>Coronary Insufficiency</b>							
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.							
4200							
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.)			
				<b>4200</b>			
20c. TIME OF INJURY		Hour a.m. p.m.		Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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	
21. I attended the deceased from <b>3 May 1960</b> to <b>Feb 20, 1962</b> and last saw <sup>her</sup> him alive on <b>Feb 18, 1962</b>							
Death occurred at <b>12:15 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
<b>John G. Matthews M.D.</b>				<b>3707 Watson Rd</b>		<b>2-22-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Removal</b>		<b>Feb. 23, 1962</b>		<b>Valhalla Cemetery</b>		<b>St. Louis Co. Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
<b>Kriegshauser 4228 S. Kingshighway Blvd.</b>				<b>FEB 22 1962</b>		<b>Earl Smith, M.D.</b>	

Dr. John Matthews  
3707 Watson  
St. 1-3886  
12-5

**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 William B White

Licensed Embalmer No. 4291

P. O. Address \_\_\_\_\_

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.