

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025585

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1783

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 20 1962

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS CO.</u>		Length of stay in 1b <u>YRS.</u>	c. CITY OR TOWN <u>St. Louis 29</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4111 Pasco Dr</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4111 Pasco Dr.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM SCHALLER</u>		4. DATE OF DEATH Month Day Year <u>JUNE 13 1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>CAU</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/27/1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SWITCHMEN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TERMINAL RR</u>	9. AGE (last birthday) <u>86</u>
11a. FATHER'S NAME <u>JOHN SCHALLER</u>		11b. MOTHER'S MAIDEN NAME <u>DORA HUFFMAN</u>	11c. NAME OF HUSBAND OR WIFE <u>MARTHA DECEASED</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NONE</u>		12b. SOCIAL SECURITY NO. <u>[REDACTED]</u>	12c. INFORMANT Address <u>ELSIE-HAENCHEN 4111 PASCO DR.</u>
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Pneumonia</u> DUE TO (b) <u>Ca of prostate</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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) <u>H E V D, A S H D</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
14. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	16. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		18. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
19. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>April 1962</u> to <u>June 13/62</u> and last saw her/him alive on <u>June 13, 62</u> Death occurred at <u>4:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>H 0755 Grand</u>	
22c. DATE SIGNED <u>6/14/62</u>		23. LOCATION (City, town, or county) STATE <u>ST. LOUIS. MO.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6/6/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>SCHUMACHER 3013 MERAMEC</u>		25. DATE RECD. BY LOCAL REG. <u>6-15-62</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

USE BLACK INK OR TYPEWRITER RIBBON

4075 A Howard
Chicago

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 Jack Haupt

Licensed Embalmer No. 4746

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.