

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025501

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 262

STATE FILE NUMBER

FILED JUL 1 1963

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles		Length of stay in 1b 2 weeks	c. CITY OR TOWN Saint Charles
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 801 North Second		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 815 North Second
3. NAME OF DECEASED (Type or print) Theodoric H. Schaberg		4. DATE OF DEATH June 27, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 21, 1923
9. AGE (last birthday) 40		10. IF UNDER 1 YEAR Months 5 Days 7	11. IF UNDER 24 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) contractor		10b. KIND OF BUSINESS OR INDUSTRY painter	11. BIRTHPLACE (City and state or country) St. Charles, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Theodore Schaberg	
13b. MOTHER'S MAIDEN NAME Clara Dallmeyer		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.II		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Raymond T. Schaberg, St. Charles, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 min.	
DUE TO (b) .22 guage Remington rifle			
DUE TO (c) 			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Victim put rifle to chest and discharged it.	
20c. TIME OF INJURY 9:00 p.m.	Month, Day, Year 6/27/63	20f. CITY, TOWN, OR LOCATION Saint Charles, St. Charles, Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home of relatives held view.	COUNTY Saint Charles, Mo.	
21. I attended the deceased from 9:00 p. on the date stated above, and to the best of my knowledge, from the causes stated.		21. I attended the deceased from 6/27/63 and last saw her/him alive on 	
22a. SIGNATURE (Degree or title) <i>James R. Amalbert</i> Coroner		22b. ADDRESS 12 Cunningham Ct., St. Charles, Mo.	22c. DATE SIGNED 6/28/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jul. 1, 1963	23c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery	23d. LOCATION (City, town, or county) St. Charles, Mo.
24. FUNERAL DIRECTOR H.C. Ballmeyer & Sons, St. Charles, Mo.		25. DATE RECD. BY LOCAL REG. 6-28-63	26. REGISTRAR'S SIGNATURE <i>Mabel Zumwalt Dep</i>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
1 0928
2 0928
3
4 0
5 0
6
7 0
8 2
9 9976X
10
11
12 90-3
13 50

AUG 21 1963

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,

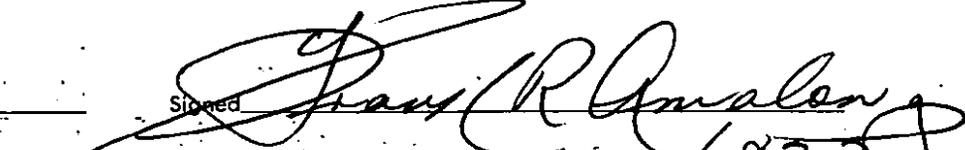
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4832

P. O. Address St Charles 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.