No. 2
1/47
17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34654 9110

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Materinty
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 7 days 1)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3104a Wyoming 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Sharon Grace Schaffner

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Infant 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 12 (Day) 1948 (Year)

8. AGE: Years | Months | Days 8 | If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Walter A. Schaffner
13. Birthplace E. St. Louis, Ill. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Estelle Baran
15. Birthplace E. St. Louis, Ill. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Walter A. Schaffner
(b) Address St. Louis, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill

18. (a) Signature of funeral director [illegible]
(b) Address E. St. Louis, Ill.

19. (a) OCT 20 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20 year 1948 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 10/12, 19..., to 10/20, 1948, that I last saw h. alive on 10/19, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive failure	
Due to Intracranial Hemorr.	
Due to Prematurity	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy —	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature W. C. Dorner (M. D. or Coroner)

Address Spring Bldg Date signed 10/21

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3162

P. O. Address East St Louis Ill

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 this body is not embalmed, fact should be so stated above.