

FILED FEB 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6612

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 944

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 40 min.		20 9/19	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		9 STREET ADDRESS (If rural, give location) 4318 N. 20th St.	
3. NAME OF DECEASED a. (First) Edwin (Type or Print)		b. (Middle) W. c. (Last) Schaefer Schaeffer Jr.	
4. DATE OF DEATH January 28, 1951.		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH Dec. 20, 1939.		9. AGE (In years last birthday) 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.		12. CITIZENRY OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME (Schaefer) Edwin W. Schaeffer		13b. MOTHER'S MAIDEN NAME (Schaefer) Dorothy Schaeffer	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME (Schaefer) Mr. Edwin W. Schaeffer	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.		19. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock, Haemorrhage ANTICIPATED CAUSES Gonorrhea, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Haemophilic - longitudo DUE TO (c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tooth extraction (c gas) 1/2 GAS	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 295X		22. I hereby certify that I attended the deceased from Nov. 1949, to 1/28, 1951, that I last saw the deceased alive on 1/26, 1951, and that death occurred at 8:45 a. m., from the causes and on the date stated above.	
23a. SIGNATURE J. B. Luster, M.D. (Degree or title)		23b. ADDRESS 2305 W. Florissant 1-2951	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1-31-51.		24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.		DATE REC'D BY LOCAL REG. JAN 30 1951	
REGISTRAR'S SIGNATURE J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. 2161 E. Fair Ave.	

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

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3737

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