No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14690

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4160

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo
c. LENGTH OF STAY (in this place) 1 WK.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LUTHERAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
2249
2d. STREET ADDRESS (If rural, give location) 3112 TEXAS

3. NAME OF DECEASED (Type or Print)
a. (First) VIRGIL
b. (Middle) FRANK
c. (Last) SCHEFFER

4. DATE OF DEATH (Month) (Day) (Year) APRIL 30 1951

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH JUNE 10 1889
9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR: Months, Days | IF UNDER 1 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN
10b. KIND OF BUSINESS OR INDUSTRY BUSCH BREWERY
11. BIRTHPLACE (State or foreign country) AUSTRIA
12. CITIZEN OF WHAT COUNTRY? 4

13a. FATHER'S NAME VIRGIL SCHEFFER
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF ~~HUSBAND~~ OR WIFE (DECEASED) ANNABELLE SCHEFFER

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. 488-03-9700
17. INFORMANT'S SIGNATURE OR NAME EDWARD LENZ
ADDRESS 3112 TEXAS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic bronchitis — 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 154X

22. *I hereby certify that I attended the deceased from* April 18, 1951, *to* 5-1-51, 19____, *that I last saw the deceased alive on* 5-1-, 1951, *and that death occurred at* 9:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Theo H. Hansen
(Degree or title) M.D.
23b. ADDRESS 3701 Grandel 83
23c. DATE SIGNED 5/2/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAY 3 1951
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus
24d. LOCATION (City, town, or county) ST. LOUIS (State) Mo

DATE REC'D BY LOCAL REG. MAY 3 1951
REGISTRAR'S SIGNATURE J. B. Fassler
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis
ADDRESS 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1952

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 .....
Student Embalmer

Signed Lonnie C Hill

Licensed Embalmer No. 4347 7

P. O. Address 2906 Shav

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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