

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18555

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1003

State File No. 5035

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		<u>2229</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FIRMIN DESLOCF</u>				e. STREET ADDRESS (If rural, give location) <u>2630 Caroline St</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>G.</u> c. (Last) <u>SCHAEFER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 29-51</u>					
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED, (Specify) _____		8. DATE OF BIRTH <u>MARCH-26-1892</u>		
9. AGE (In years if under 1 year last birthday) Months Days Hours Min. <u>59 YRS</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>LOUIS SCHAEFER</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE BLASE</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE SCHAEFER</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Josephine Schaefer 2630 Caroline St</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pelvic Peritonitis - Postoperative</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Urinary Bladder</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intestinal Obstruction, Paralytic Ileus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>		
19a. DATE OF OPERATION <u>5-16; 5-24-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Bladder, Intestinal Obstruction</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>181X</u>				
22. I hereby certify that I attended the deceased from <u>5-24</u> , 19 <u>51</u> , to <u>5-29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-28</u> , 19 <u>51</u> , and that death occurred at <u>11:45 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Eugene T. Dmytryk, M.D.</u>				23b. ADDRESS <u>University Club Bldg</u>		23c. DATE SIGNED <u>5-31-51</u>		
24a. BURIAL CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>June 1-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO</u>		
DATE RECD BY LOCAL REG. <u>MAY 31 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Schmur 3125 Lafayette Ave</u>				

(Licensed Embalmer's Statement on Reverse Side)

JUL 6 1957

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.

Student Embalmer No.....

Signed.....

J. B. Bolmer

Signed.....
Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address: *3125 Lafayette*

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.