

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28722  
7400

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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) OR TOWN SAINT LOUIS:		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAINT LOUIS: 2129			
d. FULL NAME OF HOSPITAL OR INSTITUTION RES: 5560 PERSHING AVE.				d. STREET ADDRESS (If rural, give location) 5560 PERSHING AVE.			
3. NAME OF DECEASED (Type or Print) SAMUEL MONKS SHAFFER. a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH AUGUST 18 1951. (Month) (Day) (Year)				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 17 1880		9. AGE (In years last birthday) 71	10. MONTHS _____	11. DAYS _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY AMERICAN STOVE CO.		11. BIRTHPLACE (State or foreign country) SAINT LOUIS, MISSOURI.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FREDERICK SHAFFER		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE EMMA COESTER SHAFFER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. 276-05-0736	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS EMMA COESTER SHAFFER 5560 PERSHING AVE				
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. D.K. in 2nd corner Died in 2nd corner 8/23/51						INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		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? 4201					
22. I hereby certify that I attended the deceased from Aug 18, 1951, to Aug 18, 1951 that I last saw the deceased alive on Aug 15, 1951 and that death occurred at 7:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Louis McKimball (Degree or title) _____			23b. ADDRESS 5560 Pershing Ave.			23c. DATE SIGNED Aug 19 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 20 1951	24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEM.		24d. LOCATION (City, town, or county) ST. LOUIS, MO. (State) _____			
DATE REC'D BY LOCAL REG. AUG 20 1951	REGISTRAR'S SIGNATURE Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. LUPTON & SONS 7233 DELMAR BLVD.				

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

*Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, 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 this body is not embalmed, fact should be so stated above.