

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18493

FILED JUN 6 1952

State File No. ....

4765

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4765</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2149</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>14 6245 Eichelberger</b>			
3. NAME OF DECEASED (Type or Print) <b>CAROLYN</b>		a. (First) _____		b. (Middle) _____		c. (Last) <b>SCHAFFER</b>	
4. DATE OF DEATH <b>May 22 1952</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 1888</b>		9. AGE (in years last birthday) <b>63</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <b>Illinois</b>				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <b>Aiken Thompson</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Martin</b>		14. NAME OF HUSBAND OR WIFE <b>Fred A. Schafer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Fred A. Schafer</b> ADDRESS <b>6245 Eichelberger</b>			
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) <b>Myocardial infarction, Antero lateral</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Angina pectoris</b> DUE TO (c) <b>Arterio-sclerosis, generalized</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>9 months</b> <b>not determined</b>	
19a. DATE OF OPERATION <b>No</b>		19b. MAJOR FINDINGS OF OPERATION <b>No</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		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? <b>4201</b>			
22. I hereby certify that I attended the deceased from <b>3-22, 1951</b> , to <b>5-22, 1952</b> , that I last saw the deceased alive on <b>5-22, 1952</b> , and that death occurred at <b>6:05 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. W. Roman</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>9505 Harris</b>		23c. DATE SIGNED <b>5-21-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Mtn)</b>		24b. DATE <b>May 26, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Festus, Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 23 1952</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b> ADDRESS <b>4228 S. Kingshighway Bl.</b>			

**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 William B. White

Licensed Embalmer No. 4291

P. O. Address 228 E. King Street

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.