

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

45062

State File No. \_\_\_\_\_

FILED JAN 26 1953

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **12031**

12031

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Lemay</b>	
c. LENGTH OF STAY (in this place)		40-5-0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Box 553 Rt. 11</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Leo</b> b. (Middle) <b>Schachner</b> c. (Last) <b>Schachner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12/28/52</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 2, 1887</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Neighbor News</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Nick Schachner</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Urburger</b>		14. NAME OF HUSBAND OR WIFE <b>Alma</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW #1</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lema</b> ADDRESS <b>Alma Schachner-Box 553 Rt. 11</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		INTERVAL BETWEEN ONSET AND DEATH <b>3 wks. 3-5 mo 1 wk.</b>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia left. cause?</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>aplastic anemia - Toxic</b> DUE TO (c) <b>Cardiac Insulin</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>2924</b>

22. I hereby certify that I attended the deceased from **Dec 12, 1952** to **Dec. 28, 1952**, that I last saw the deceased alive on **Dec 28, 1952**, and that death occurred at **5:45a m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Crapocorale</b>	(Degree or title)	23b. ADDRESS <b>1901 Madison St.</b>	23c. DATE SIGNED <b>12/29/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12/31/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>

DATE REC'D BY LOCAL REG. <b>DEC 30 1952</b>	REGISTRAR'S SIGNATURE <b>J. Crapocorale</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Wacker-Heldler</b>	ADDRESS <b>3634 Gravois</b>
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(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

*Robert Wheeler*

Licensed Embalmer No. 2128

P. O. Address Laurel 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.**