

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. 2475

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545

1. PLACE OF DEATH  
a. COUNTY ST. Louis  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAPLEWOOD  
c. LENGTH OF STAY (In this place) 2 YR  
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3261 WALTER AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY ST LOUIS  
c. CITY OR TOWN MAPLEWOOD d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 3261 WALTER AVE

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) SCHAEFFER c. (Last) SCHAEFFER

4. DATE OF DEATH (Month) (Day) (Year) Sept. 18th 1953  
5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH Nov-16-1872 9. AGE (In years last birthday) 80 10 Months 2 Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and State or Foreign Country) CARLYLE ILL 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME DOMINIC SCHAEFFER 13b. MOTHER'S MAIDEN NAME MARIE B UEN 14. NAME OF HUSBAND OR WIFE KATHERINE SCHAEFFER

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. None 17. INFORMANT'S SIGNATURE OR NAME ALBERT SCHAEFFER ADDRESS 3108 WALTER

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cardiac decompensation  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Atherosclerotic Heart Disease 2 yrs.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 6 wks

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) 4200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from April 10, 1953, to Sept 18, 1953, that I last saw the deceased alive on Aug 12, 1953, and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Michael Sulick MD 23b. ADDRESS 9012 manchester Rd 23c. DATE SIGNED 9-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 9-21-53 24c. NAME OF CEMETERY OR CREMATORY ORH HILL CEMETERY 24d. LOCATION (City, town, or county) (State) ST. Louis Co Mo

DATE REC'D BY LOCAL REG. 9/20/53 REGISTRAR'S SIGNATURE Wesley B. Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH - MAPLEWOOD 17 MO

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

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FILED OCT 2 - 1953

**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.....  
Signature of Student Embalmer

Signed *John S. Penney*.....  
Licensed Embalmer No. *9192*.....  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.