

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3242

FILED JAN 26 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0102**

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 **St. Louis**

c. LENGTH OF STAY (If in this place) **3 days**

c. CITY OR TOWN **St. Louis**  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **Lutheran Hospital**

e. STREET ADDRESS (If rural, give location) **16 3535a Minnesota Ave. 2169**

3. NAME OF DECEASED (Type or Print)  
a. (First) **Karl** b. (Middle) **Charles** c. (Last) **Schafnitz**  
4. DATE OF DEATH (Month) (Day) (Year) **Jan. 4, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**  
8. DATE OF BIRTH **July 17, 1883** 9. AGE (In years last birthday) **70**  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Barber**  
10b. KIND OF BUSINESS OR INDUSTRY **Barbering**  
11. BIRTHPLACE (City and State or Foreign Country) **Hungary**  
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Nick Schafnitz** 13b. MOTHER'S MAIDEN NAME **Theresa From** 14. NAME OF HUSBAND OR WIFE **Maria Szeckar Schafnitz**

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. **487-36-5618a** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Maria Schafnitz - 3535a Minnesota**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Steno sclerotic heart**  
INTERVAL BETWEEN ONSET AND DEATH **6 MO.**  
\*This does not mean the mode of dying, such as heart failure, asthma, 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) **severe decompensated with**  
DUE TO (c) **acute left ventricular failure**  
48 hrs.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **X**

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_ **4200**

22. I hereby certify that I attended the deceased from **June 20, 1953**, to **1-4-1954**, that I last saw the deceased alive on **1-4-1954**, and that death occurred at **5:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **L. F. Murray M.D.** 23b. ADDRESS **605-A-Russell Blvd.** 23c. DATE SIGNED **1-5-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Jan. 7, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **JAN 6 1954** REGISTRAR'S SIGNATURE **J. Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **W. H. Harker - Helderle - 3634 Gravois Ave.**

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.....  
Signature of Student Embalmer

Signed *Robert C. White*.....

Licensed Embalmer No. *212*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.