

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED APR 29 1954

State File No. **14073**  
Registrar's No. **2610**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2 USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS Mo</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) _____		e. STREET ADDRESS (If rural, give location) <b>24 2931 S. 18th ST.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>JEWISH HOSPITAL</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>KASPAR</b> b. (Middle) <b>-</b> c. (Last) <b>SCHORTJE</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MAR 21 1954</b>		
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>AUG. 15 1891</b>		<b>9. AGE</b> (In years last birthday) <b>62</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>CHAUFFEUR</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>AMERICAN PRETZEL</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>AUSTRIA</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> _____					

<b>13a. FATHER'S NAME</b> <b>JOHN SCHORTJE</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>MAGDALENA MARTIN</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>LENA SCHORTJE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) _____		<b>16. SOCIAL SECURITY NO.</b> <b>489-05-0728</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>LENA SCHORTJE</b>	
				<b>ADDRESS</b> <b>2931 S. 18th ST</b>	

<b>18. CAUSE OF DEATH</b> 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.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>arteriosclerotic heart disease severe</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>4 1/2</b>	
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>cholecystitis, cholelithiasis?</b>			
		DUE TO (c) <b>Splenomegaly</b>			
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>cirrhosis of Liver?</b>			

<b>19a. DATE OF OPERATION</b> <b>3/18/54</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>very large spleen, gall stones with many adhesions around gall bladder</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>584X</b>	

**22. I hereby certify that I attended the deceased from Feb 1, 1954, to 3/21, 1954, that I last saw the deceased alive on 3/20, 1954 and that death occurred at 8:45 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Edw. F. Sievers, M.D.</b>		<b>23b. ADDRESS</b> <b>539 N. Grand Ave.</b>		<b>23c. DATE SIGNED</b> <b>3/27/54</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>		<b>24b. DATE</b> <b>MAR 24 1954</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>NEW ST. MARCUS</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>ST. LOUIS Mo</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 22 1954</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Edw. F. Sievers</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Thomas Kutas</b>	
				<b>ADDRESS</b> <b>2906 Georgia</b>	

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

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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 *Spencer C. Hill*

Licensed Embalmer No. *434*

P. O. Address *2906 Jh*

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.