

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24322**  
Registrar's No. **5847**

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>4216 Russell Blvd.</b>		e. STREET ADDRESS (If rural, give location) <b>4216 Russell Blvd.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b> b. (Middle) c. (Last) <b>SCHAFFER, Jr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 5, 1955</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>Jan. 23, 1917</b>
9. AGE (In years last birthday) <b>38 years</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President-owner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>DeLuxe Moving &amp; Express Co.</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frederick Schaffer</b>		13b. MOTHER'S MAIDEN NAME <b>Nannie Draiemann</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Lena Tinker Schaffer</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>Mrs. Lena P. Schaffer, 4216 Russell Blvd.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. 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)		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>6/27/55</b> , 19 <b>55</b> , to <b>7-5-</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>6/23/55</b> , 19 <b>55</b> , and that death occurred at <b>7:10 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>R. F. Plog</b> (Degree or title) <b>M. A.</b>		23b. ADDRESS <b>3150 Morganford</b>	
23c. DATE SIGNED <b>7/5/55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>July 8, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BEIDERWIEDEN F.H., Inc., 1936 St. Louis Av.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 7 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</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.....*None*.....  
Signature of Student Embalmer

Signed.....*Felix J. Kriskin*.....

Licensed Embalmer No.....*34*.....

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

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.