

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24327

318

1003

State File No. 6243
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>17</i>		c. CITY OR TOWN <i>St. Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Alexian Brothers Hosp</i>				e. STREET ADDRESS (If rural, give location) <i>3258 Copeland</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>George</i>		b. (Middle) <i>F.</i>		c. (Last) <i>Schiffner</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>7/18/55</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>		8. DATE OF BIRTH <i>May 11, 1885</i>		9. AGE (In years last birthday) <i>70</i> 10. UNDER 1 YEAR Months <i>2</i> Days <i>9</i> 11. UNDER 24 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>metal worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>National Lead</i>		11. BIRTHPLACE (City or State of Foreign Country) <i>St. Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>George Schiffner</i>		13b. MOTHER'S MAIDEN NAME <i>Leuse Walsh</i>		14. NAME OF HUSBAND OR WIFE <i>Helen</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give date or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>333-03-5589</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. F. Schiffner 3258 Copeland</i>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myo cerebral</i> ANTECEDENT CAUSES <i>Intestinal neoplasia</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic adhesion (intestine)</i> DUE TO (c) <i>Pleurisy</i>				INTERVAL BETWEEN ONSET AND DEATH <i>4 mo</i> <i>2 yr</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>593x</i>				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?			
22. I hereby certify that I attended the deceased from <i>July 9 to July 18, 1955</i> , that I last saw the deceased alive on <i>July 18, 1955</i> , and that death occurred at <i>11:00 a.m.</i> , from the causes and of the date stated above.							
23a. SIGNATURE (Degree or title) <i>Madeline Glaser</i>				23b. ADDRESS <i>506 Olive St</i>		23c. DATE SIGNED <i>7-19-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7/21/55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>JUL 19 1955</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wm. A. Howard 1619 So. Grand</i>			

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

SEP 10 1963

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 M. Murray*.....

Licensed Embalmer No.....

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

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