No. 300
10-48

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6964

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY: STLOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OVERLAND
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2407 WALLIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STLOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OVERLAND 423X
d. STREET ADDRESS (If rural, give location): 2407 WALLIS

3. NAME OF DECEASED (Type or Print)
a. (First): HERMAN
b. (Middle): FREDRICK
c. (Last): SCHEFFLER

4. DATE OF DEATH (Month) (Day) (Year): 1-10-57

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9-12-1877
9. AGE (In years last birthday): 79 — 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): ELEVATOR STARTER
10b. KIND OF BUSINESS OR INDUSTRY: Elevator Optr.
11. BIRTHPLACE (State or foreign country): KIMNONDE ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: CARL SCHEFFLER
13b. MOTHER'S MAIDEN NAME: MARY ZELCH
14. NAME OF HUSBAND OR WIFE: ANNA SCHEFFLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): _____
16. SOCIAL SECURITY NO.: 493-01-7011
17. INFORMANT'S SIGNATURE OR NAME: ANNA SCHEFFLER — ADDRESS: 2407 WALLIS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinomatosis — 2 mos
DUE TO (c): Carcinoma of bladder

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: 181X
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) m.
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* 11/24/56, 19__, *to* 1/10, 1957, *that I last saw the deceased alive on* 1/5, 1957, *and that death occurred at* 1 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward F. Leahy D.O.
23b. ADDRESS: 809 S. Florisant, Ferguson 21 Mo
23c. DATE SIGNED: 1/10/57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-14-57
24c. NAME OF CEMETERY OR CREMATORY: W. LOTH. CEMETERY
24d. LOCATION (City, town, or county) (State): STLOUIS MO.

DATE REC'D BY LOCAL REG.: 1-14-57
REGISTRAR'S SIGNATURE: Herbert B. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Hillemann Fun. Ho. - Overland

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Earl A. Kellerman

Licensed Embalmer No. 3501

P. O. Address Oakland 14 Me

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 this body is not embalmed, fact should be so stated above.