

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11551  
State File No.

BIRTH NO. 10829-57 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 260

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Richmond Hts.</b>   |  | c. LENGTH OF STAY (in this place)<br><b>2 hrs</b>   | c. CITY OR TOWN <b>ST. LOUIS, Mo.</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>33 St. Mary's Hosp.</b>  |  |   | e. STREET ADDRESS (If rural, give location)<br><b>1602 Klemm Ave</b>  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>INFANT</b>   |  | b. (Middle) <b>(UN-NAMED)</b>   |   | c. (Last) <b>SCHAEFER</b>  |  |
| 4. DATE OF DEATH<br>Month <b>1</b> Day <b>29</b> Year <b>1957</b>  |  | 5. SEX <b>Male</b>  |   | 6. COLOR OR RACE <b>White</b>  |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>   |  | 8. DATE OF BIRTH <b>1/29/1957</b>   |   | 9. AGE (In years last birthday) <b>2</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Infant</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>-None-</b>  |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>CLAYTON, MO.</b>                       |  |
| 12. CITIZENSHIP OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  | 13a. FATHER'S NAME<br><b>Andrew Schaefer</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>May Mitra</b>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>-None-</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <b>No</b>  |   | 16. SOCIAL SECURITY NO.<br><b>-None-</b>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>May Schaefer-1602 Klemm Ave.</b>   |  | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>20 wk gestation - too early to live</u></b><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br><b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death. |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY? <b>2</b><br>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) (Min)  |  | 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 <b>1-29-1957</b> , to <b>1-29-1957</b> , that I last saw the deceased alive on <b>1-29-1957</b> , and that death occurred at <b>2:20 p.m.</b> , from the causes and on the date stated above. |  |   |   |  |  |
| 23a. SIGNATURE<br><b>Erwin T. Huber</b>  |  |   | 23b. ADDRESS<br><b>111 South Main St Clayton</b>  |  | 23c. DATE SIGNED<br><b>1-29-57</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  | 24b. DATE<br><b>1/30/57</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cem.</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>   |
| DATE REC'D BY LOCAL REG.<br><b>1-29-57</b>   |  | REGISTRAR'S SIGNATURE<br><b>Herbert B. Dombrowski</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>MOYDELL FUNERAL HOME-1926 ALLEN AVE</b>       |  |

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

**STATEMENT BY LICENSED EMBALMER**

*Not Embalmed*

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

*Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

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.