

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017781
State File No.

FILED MAY 20 1958

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5730 Registrar's No. 666

0360

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

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Central		c. LENGTH OF STAY (in this place) 3 yrs		c. CITY OR TOWN St. Clair		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wrights Lodge Road				STREET ADDRESS (If rural, give location) Wrights Lodge Road 0369			
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Fred c. (Last) Schaefer			4. DATE OF DEATH (Month) (Day) (Year) May 17, 1958				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 6, 1893	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days 0 0	IF UNDER 24 HRS. Hours Min. 0 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Worker		10b. KIND OF BUSINESS OR INDUSTRY Brewing Co		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Schaefer		13b. MOTHER'S MAIDEN NAME Pauline Tuckerman		14. NAME OF HUSBAND OR WIFE Agnes Schaefer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 1		16. SOCIAL SECURITY NO. 500-18-3949		17. INFORMANT'S SIGNATURE OR NAME Agnes Schaefer		ADDRESS St. Clair, Mo.	
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 INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cir culatory Pulhaspe 2 hrs				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis & emphysema			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		2 4500	
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)		4500	
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 5-14 , 1958, to 5-17 , 1958, that I last saw the deceased alive on 5-14 , 1958, and that death occurred at 12:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. J. Williams				23b. ADDRESS 25 St. Clair Mo		23c. DATE SIGNED 5-17-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 19, 1958	24c. NAME OF CEMETERY OR CREMATORY Sunset		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. May 17 58		REGISTRAR'S SIGNATURE Floyd Williams		25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden Funeral Home		ADDRESS St. Louis, Mo	

(Licensed Embalmer's Statement on Reverse Side)

5110

8561 92 MAY 26 1958
FEB 9 1962

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 *H. M. Lenot*

Licensed Embalmer No. *3601*

P. O. Address *H. Clair, A.*

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.