

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035123

STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 312 Primary Registration District No. 500 Registrar's No. 2533

S. 300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ballwin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 4000 Rural-Meramec Twshp
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mimosa Lane		Length of stay in 1b 33 days	d. STREET ADDRESS (If outside, give location) Wild Horse Creek Rd.
3. NAME OF DECEASED (Type or print) First Middle Last Fred Schaeg			4. DATE OF DEATH Month Day Year 9/30/58
5. SEX Male C	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/28/1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General	9. AGE (In years last birthday) 82 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
11a. FATHER'S NAME Andrew Schaeg		11b. MOTHER'S MAIDEN NAME Mary Paubel	11. BIRTHPLACE (City and state or country) St. Louis County, Mo.
12a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12b. SOCIAL SECURITY NO. 490-14-5733	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Andrew Schaeg		13b. MOTHER'S MAIDEN NAME Mary Paubel	14. NAME OF HUSBAND OR WIFE Anna Schaeg
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 490-14-5733	17. INFORMANT Address Archie Schaeg, Chesterfield, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE			INTERVAL BETWEEN ONSET AND DEATH 10 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4/200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from AUGUST 7, 1958 to SEPTEMBER 30, 58 and last saw ^{him} alive on SEPTEMBER 29, 1958 Death occurred at 12:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Robert Blankenship M.D.		22b. ADDRESS Ballwin, MO.	22c. DATE SIGNED 9-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/3/58	23c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery,	23d. LOCATION (City, town, or county) (State) Orrville, Mo.
24. FUNERAL DIRECTOR Schrader Fun'l Home, Ballwin, Mo.		25. DATE RECD. BY LOCAL REG. 10-2-58	26. REGISTRAR'S SIGNATURE Herbert B. Rombeck

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

J. Copris

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 Richard M. Bopp

Licensed Embalmer No. 4584.....

P. O. Address Ballwin, Mo......

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.