

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042888

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2929

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lemay</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Lemay</b> <b>4860</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>820 Cumberland</b>		Length of stay in lb <b>8 mo.</b>	d. STREET ADDRESS (If outside, give location) <b>820 Cumberland</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Christian</b> Middle <b>H</b> Last <b>Schaper</b>			4. DATE OF DEATH Month <b>November</b> Day <b>10</b> Year <b>1958</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 6, 1901</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>warehouse clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>International Shoe</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Christ Schaper</b>	13b. MOTHER'S MAIDEN NAME <b>Dena Meyer</b>	14. NAME OF HUSBAND OR WIFE <b>Mildred Schaper</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>488078535</b>	17. INFORMANT <b>Mildred Schaper</b>	Address <b>820 Cumberland</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Lung - Primary</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>C. Generalized Metastasis</b>		<b>2 months</b>
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1621</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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.)
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20c. TIME OF INJURY Hour <b>1621</b> Month, Day, Year	
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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
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21. I attended the deceased from 5/19/58 to 11/10/58 and last saw him alive on 11/10/58  
Death occurred at 3:50p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Michael L. Bartnick M.D.</b>	22b. ADDRESS <b>7615 So. Broadway</b>	22c. DATE SIGNED <b>11/12/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>11/13/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
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24. FUNERAL DIRECTOR <b>Fendler Und. Co., 7420 Michigan</b>	25. DATE RECD. BY LOCAL REG. <b>11-13-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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-57

Dr. Bartwick M.L.  
7615 So Bway 2-4  
Jc v-3706  
2 8630

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

*W. G. Peterson*

Licensed Embalmer No. 3767

P. O. Address 7420 Birch

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.