

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007604

STATE FILE NUMBER

Registration No. 1650

FILED MAR 2 1959

Registration District No.

Primary Registration District No.

Registration No.

300
-57

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>ST LOUIS</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST ANTHONY HOSPITAL</i>		Length of stay in 1b	d. STREET ADDRESS <i>4151 ALMA</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>HERMAN</i> Middle <i>J</i> Last <i>SCHAETTY SR.</i>			4. DATE OF DEATH Month <i>FEB.</i> Day <i>13,</i> Year <i>1959</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>OCT 4, 1898</i>	9. AGE (In years (birthday)) <i>60</i>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <i>SHEET METAL WORKER</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>ST LOUIS Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>HERMAN FRITZCHE</i>		13b. MOTHER'S MAIDEN NAME <i>KATHERINE KAUFLIN</i>	14. NAME OF HUSBAND OR WIFE <i>MAMIE SCHAETTY</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no, or unknown) (If yes, give year or dates of service) <i>YES WWI</i>		16. SOCIAL SECURITY NO. <i>663-14-7117</i>	17. INFORMANT <i>MAMIE SCHAETTY</i> Address <i>4151 ALMA</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized Carcinomatosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Adenocarcinoma of Colon</i>		<i>2 years</i>
DUE TO (c) <i>153.8</i>		
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"/>

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 Month, Day, Year a.m. 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 <i>September 1957</i> to <i>Feb. 13, 1959</i> and last saw ^{her} him alive on <i>2/13/59</i> Death occurred at <i>5:30</i> <i>P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>C</i>	22b. ADDRESS <i>7430 Virginia Avenue</i>	22c. DATE SIGNED <i>2/16/59</i>

23a. BURIAL, CREMATION, or REMOVAL <i>REMOVED</i>	23b. DATE <i>2/17/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>NATIONAL CEMETERY</i>	23d. LOCATION (City, town, or county) (Street) <i>JEFF. BKS. Mo.</i>
24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN & SONS</i> ADDRESS <i>7027 GRAVOIS</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 16 '59</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 *C. P. Kudwiler*

Licensed Embalmer No. *3877*
P. O. Address *7027 Travis*

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.