

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019619

STATE FILE NUMBER  
2 4454

FILED MAY 22 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		Length of stay in 1b 21 yrs.	d. STREET ADDRESS (If outside, give location) 1438 E. Grand
3. NAME OF DECEASED (Type or print) First MIDDLE LAST HARRY SHAFFER			4. DATE OF DEATH Month Day Year May 5, 1959
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 15, 1884
10a. USUAL OCCUPATION (Give kind of work done during major part of life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Scrap Paper	9. AGE (In years at birthday) 75
13a. FATHER'S NAME Unk Shaffer		13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE Unk.
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. Unk.	17. INFORMANT Address Samuel Zibit 1438 E. Grand
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>Congestive Heart Failure</i> DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c) <i>420.0</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Anemia due to gastrointestinal bleeding</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>many yrs.</i>
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.) <i>---</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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.) <i>---</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>1 May 59</i> to <i>5 May 59</i> and last saw <sup>her</sup> him alive on <i>5 May 59</i> Death occurred at <i>4:30</i> <sup>pm</sup> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Daniel E. Holmes, M.D.</i>		22b. ADDRESS <i>Jewish Hospital of St. Louis</i>	22c. DATE SIGNED <i>6 May 59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Rem.</i>	23b. DATE <i>5/16/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth</i>	23d. LOCATION (City, town, or county) (State) <i>University City, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Berger Memorial 4815 McPherson</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 6 59</i>	26. REGISTRAR'S SIGNATURE <i>Edward Smith, M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300

-57

5

75

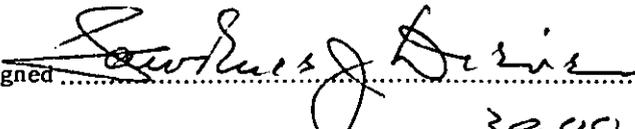
0

P. J.

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  .....  
Licensed Embalmer No. 3988 .....  
P. O. Address .....

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.