

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8960

STATE FILE NUMBER

AMENDED

FILED OCT 13 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE <u>MO.</u>	b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. ANTHONY HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>7304 ALABAMA</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First <u>HERMAN</u>	Middle <u>A</u>	Last <u>SCHAEFER</u>	4. DATE OF DEATH	Month <u>SEPT</u>	Day <u>26</u>	Year <u>1961</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 11 1884</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BEER BOTTLER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BUSCH BREWERY</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U-S-A</u>
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13a. FATHER'S NAME <u>MATTHEW SCHAEFER</u>	13b. MOTHER'S MAIDEN NAME <u>JULIA SCHMITT</u>	14. NAME OF HUSBAND OR WIFE <u>IDA SCHAEFER</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>IDA SCHAEFER 7304 ALABAMA AVE</u>	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>arteriosclerotic Heart Disease</u>	<u>1 yr +</u>
DUE TO (b)	<u>Diabetes mellitus</u>	<u>1 yr +</u>
DUE TO (c)	<u>260XF</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days.
<u>Fracture right femur</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Fell in back yard.</u>
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20c. TIME OF INJURY	Hour <u>10</u>	Month, Day, Year <u>9-16-61</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>01 Home</u>	20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>	COUNTY <u>Mo</u>	STATE <u>Mo</u>
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21. I attended the deceased from <u>9-16-61</u> to <u>9-26-61</u> and last saw him alive on <u>9-26-61</u>
Death occurred at <u>8:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Eugene H. Edle MD</u>	22b. ADDRESS <u>4971 Chippewa</u>	22c. DATE SIGNED <u>9-27-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>SEPT. 29 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEW CEM</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
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24. GENERAL DIRECTOR <u>Thomas Hutis 2906 Gravois</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>SEP 28 1961</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>
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DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 *Cooley H. King*
Licensed Embalmer No. 4861
P. O. Address Blayne 5 No

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.