

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-037486

AMENDED

Filed **OCT 25 1961** Primary Registration District No. **594** Registrar's No. **108** STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY JEFFERSON		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 RURAL - MERAMEC		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b 1 yr. 1 mo. 28 days		d. STREET ADDRESS (If outside, give location) 5330 WINONA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INFIRMARY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGE Middle L. Last SCHAFFNIT		4. DATE OF DEATH Month OCTOBER Day 19 Year 1961	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-26-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CASHIER		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.	
10b. KIND OF BUSINESS OR INDUSTRY INTERNATIONAL SHOE CO. SHOE MANUFACTURERS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME PETER SCHAFFNIT		13b. MOTHER'S MAIDEN NAME BERTHA WIELAND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT BROTHER LEONARD ST. JOSEPH'S HILL INFIRMARY	
14. NAME OF HUSBAND OR WIFE MARY ROBERTS		Address EUREKA, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL EMBOLISM DUE TO (b) ARTERIOSCLEROTIC HEARTY DISEASE WITH DUE TO (c) AURICULAR FIBRILLATION & DECOMPENSATION. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 HOUR
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MULTIPLE SCLEROSIS: CORD BLADDER			PART III. If deceased was female was there a pregnancy in last 90 days. <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 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	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 8/21/1960 to 10/19/1961 and last saw him alive on 10/12/61 Death occurred at 8:05 AM. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Patrick L. Hogan M.D.		22b. ADDRESS 2623 Telegraph Rd St. Louis 25 Mo	22c. DATE SIGNED 10/19/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)	23b. DATE Oct. 23, 1961	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR ADDRESS Kriegshausner 4228 S. Kingshighway Blvd.		25. DATE RECD. BY LOCAL REG. 10-23-61	26. REGISTRAR'S SIGNATURE Robert E. Bauer

NOV 29 1961

1961 OCT 26 1961

FEB 15 1962

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 William White

Licensed Embalmer No. 4291

P. O. Address 4228 So. Kingsh

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.