MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017228

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4546

FILED MAY 10 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED 4/9/2 — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3944 NEBRASKA — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 3944 Nebraska — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First EDWARD — Middle F — Last SCHEFFLER
4. DATE OF DEATH: Month 5-2-1962 — Day — Year
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married X Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-18-1907
9. AGE (last birthday): 55 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Bank Bookkeeper
11. BIRTHPLACE (City and state or country): St. Louis MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Anthony Scheffler
13b. MOTHER'S MAIDEN NAME: Catherine Rosener
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) NO — (If yes, give [illegible] or dates of service) NO
16. SOCIAL SECURITY NO.
17. INFORMANT: Christine H Scheffler — Address: 3944 Nebraska

18. CAUSE OF DEATH (Enter only one cause per line f[illegible])
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Cardiac Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Rheumatic Heart Disease — 20 yrs
DUE TO (c): 416 X

OK Helen L. Taylor Coroner 5-4-62

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pneumonectomy

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 5-1-62, to 5-2-62 and last saw her/him alive on 5-1-62
Death occurred at 2:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C A Nester MD
22b. ADDRESS: 3654 S Grand
22c. DATE SIGNED: 5-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-5-1962
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co.

24. FUNERAL DIRECTOR: WINGBERMUEHLE — ADDRESS: 3819 So Grand Blvd
25. DATE RECD. BY LOCAL REG.: MAY 3 1962
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

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 George J. Hingbermnekk

Licensed Embalmer No. 4611

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.