

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049110

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3550

FILED JAN 10 1963

VS 300
Rev. 4/59
14002
2400X
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4 0
5 1
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		Length of stay in lb DOA.	
c. FULL NAME OF (If NOT in hospital, give location) St Louis Co. Hosp		d. STREET ADDRESS (If outside, give location) 3340 Calvert	
3. NAME OF DECEASED (Type or print) First Middle Last Adam J. Schaeffer		4. DATE OF DEATH Month Day Year Dec. 5, 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-14-1881
9. AGE (last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAGONMAKER	11. BIRTHPLACE (City and state or country) WATERLOO, ILL.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME JOHN SCHAEFFER	13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE ROSE SCHAEFFER		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. <input type="checkbox"/>
17. INFORMANT ROSE SCHAEFFER (SAME as item 20)		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abdominal Carcinomatosis - Primary in Stomach. DUE TO (b) Generalized Arteriosclerosis & Arteriosclerotic Heart Disease. DUE TO (c) Severe malnutrition & Dehydration.	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. 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 11-5-62 to 11-14-62 and last saw him alive on 11-14-62 Death occurred at 12-5-62 5:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE H.R. Gilchrist, M.D. (Degree or title)	
22b. ADDRESS 601 S. Brentwood, Clayton, Mo		22c. DATE SIGNED 12/6/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-7-62	23c. NAME OF CEMETERY OR CREMATORY LAUREL HILL	23d. LOCATION (City, town, or county) (State) St Louis Co., Mo.
24. FUNERAL DIRECTOR ORTMANN Fun. Home 9222 LACKLAND	25. DATE RECD. BY LOCAL REG. 12-6-62	26. REGISTRAR'S SIGNATURE J. M. Humphrey, M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

Used Embalmer's Statement on Reverse Side

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 Sam Stjepanovic
Licensed Embalmer No. 5088

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.