

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038008

U# 2102826 SL#18227

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9286**

9286

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 27 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VAH, ST. LOUIS, MISSOURI		Length of stay in 1b 177 DAYS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI		b. COUNTY ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) GENERAL DELIVERY			
3. NAME OF DECEASED (Type or print) CHARLES		First H.		Middle SCHAUB		Last		4. DATE OF DEATH Month SEPTEMBER 14,	
		Day 1963		Year					
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/12/91		9. AGE (last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) E. ST. LOUIS, ILL.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME LEO SCHAUB				13b. MOTHER'S MAIDEN NAME BARBARA ERVIN		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of YES WW I				16. SOCIAL SECURITY NO.		17. INFORMANT Address LULA NECK, 517 HAMILTON, LANSING, MICH.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA BRONCHOGENIC CARCINOMA RIGHT UPPER LOBE WITH METASTASIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 1621 DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" 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 3/20/63 to 9/14/63 and last saw him alive on 9/14/63		Death occurred at 7:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i>		(Degree or title) MD		22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 9/14/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE OF BURIAL, CREMATION, OR REMOVAL 9-17-63		23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.		(State)	
24. FUNERAL DIRECTOR Bopp Chapel		ADDRESS Kirkwood, Missouri		25. DATE RECD. BY LOCAL REG. SEP 17 1963		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE BLACK INK OR TYPEWRITER RIBBON

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATE

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 *Francis J. [Signature]*

Licensed Embalmer No. 4512

P. O. Address Richmond, Mo.

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.

Jefferson-Barker

Secretary

State

Embalmer

Embalmer

Embalmer