

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

34241
Do not use this space.

NOV 16 1938
PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No. 1003
 (c) City St. Louis, Mo. (d) Street No. 4610 Pope Ave. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida W. Schaefer,
 (a) Residence, No. 4610 Pope Ave. St. 9
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John P. Schaefer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22nd, 1877

7. AGE YEARS 61 MONTHS 8 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Henry Ponath
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Sophie Vanhorenhorst
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mr. John P. Schaefer
4610 Pope Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cem. DATE Oct. 26th, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leidner Und. Cp.
1417 N. Market Street.

20. FILED Oct 25 1938 J. F. Predeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 of 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1933, to Oct. 23, 1938
 I last saw him alive on Oct. 23, 1938. Death is said to have occurred on the date stated above, at 3:35 p. m.
 The principal cause of death and related causes of importance were as follows:

Mitral insufficiency with multiple neuritis
 Date of onset _____
 Other contributory causes of importance: arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (Signed) F. O. Shurkman, M. D.
 (Address) 5431 Calverne ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Attest

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 _____, working under my personal supervision.

Signed John P. Buchholz
Licensed Embalmer No. 1674 J
P. O. Address 7923 St. Louis

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 this body is not embalmed, above space should be left blank.