

REG. AUG 11 1939
Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2118 Stansbury Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 61 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 2118 Stansbury Street
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd
year 1939 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 10, 1939, to July 3, 1939
that I last saw her alive on July 3rd 1939, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Jan 1939
Duration _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (Specify type of place) (e) Means of injury no

23. Signature J. P. Plump (M. D. or other)
Address 3933 S. Grand Date signed _____

3. (a) PRINT FULL NAME SOPHIE SCHAPER 160
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Schaper 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February 1, 1871
February 1st 1871 (Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>68</u> | <u>5</u> | <u>2</u> | hr. _____ min. _____ |

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Household

11. Industry or business _____

MOTHER FATHER { 12. Name William Giesekeing

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Rathert

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Schaper

(b) Address 2118 Stansbury St.

17. (a) Burial (b) Date thereof July 6, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Beiderwieden F. Home? INC.

(b) Address 1936 St. Louis Ave.

19. (a) 8/5/39 (b) J. P. Plump
(Date received local registrar) (Registrar's signature)

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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Theo A Bendomildy

Licensed Embalmer No. 506

P. O. Address 1936 St Louis Ave

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.