

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
1 X10311

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

SEP 14 1939 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28014

State File No.

7514

Registrar's No.

Registration District No. **1008**

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5429 Gravois Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 65 years
 years, months or days)

3. (a) PRINT FULL NAME Mr. John M. Schaefer, Sr. 160

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-10-6440

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Cornelia Kienzle Schaefer 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August (Month) 6th (Day) 1876 (Year)

8. AGE: Years 63 Months - Days 22 If less than one day hr. min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Elevator Operator & Shoemaker

11. Industry or business Isaac T. Cook Co.

MOTHER FATHER { 12. Name Jacob Schaefer
 18. Birthplace Germany
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Louisa Rebsamen
 15. Birthplace Herman Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Cornelia Schaefer
 (b) Address 5434a Gravois

17. (a) Burial (b) Date thereof August 31, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Richard W. ...
 (b) Address 1936 St. Louis Avenue

19. (a) AUG 31 1939 (b) [Signature]
 (Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5434a Gravois Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 28th
 year 1939 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from January
First 1937 to August 27 1939
 that I last saw him alive on August 24 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Mitral Stenosis 2 yrs +

Due to _____

Due to _____

Other conditions Cerebral Thrombosis 32 months
 (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place) (e) Means of injury _____

23. Signature William Baron (M. D. or other)
 Address 3601 S. Jefferson Date signed 8.28.39

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.....

Delis J. Krupic

Licensed Embalmer No.....

3497

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.