

REGD OCT 14 1939  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: BARNES HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Ann Johas Shaeffer

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 David H. Shaeffer 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 14 1884  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 8 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George W. Johns

13. Birthplace Albion Illinois  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Elize Barnhill

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

16. (a) Informant's own signature Thomas L. Philips

(b) Address 7018 Washington Ave.

17. (a) Burial (b) Date thereof Sept. 19, 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairfield, Ill.

18. (a) Signature of funeral director C. R. LUPTON & SONS

(b) Address #7233 Delmar Blvd.

19. (a) SEP 19 1939  
 (Date received from Registrar) (Signature, Date, and Title)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County \_\_\_\_\_  
 (c) City or town Fairfield  
 (If outside city or town limits, write "RURAL") NR  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17  
 year 1939 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 22, 1939, to Sept 17, 1939;  
 that I last saw her alive on Sept 17, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Met. Probably associated  
to beginning pneumonia - Marked cachexia 4 wks.  
 Due to Primary Ca ovary Duration 1 1/2 yrs

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Primary Ca ovary & marked  
abd. extension & ascites etc  
 Of autopsy None

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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature A. H. Aronson (M. D. or other) \_\_\_\_\_  
 Address BARNES HOSPITAL Date signed \_\_\_\_\_

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.

WHILE FADING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I 10851

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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.....

*Don H. Muschany*....., Registered Apprentice No. *219*  
working under my personal supervision.

Signed *Bradford A. Jones*.....  
Licensed Embalmer No. *2901*  
P. O. Address *St. Louis 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 this body is not embalmed, above space should be left blank.