DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31004

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 8067

REC'D OCT 1 1939

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:
4872 Sanfransisco. 7
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis. 7
(If outside city or town limits, write "RURAL")

(d) Street No. 4872 Sanfransisco.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Infant Of Casper And Ida Schaffer 11.0

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 17, 1939. 10am
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Stillborn			Stillborn min.

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

10. Usual occupation 0

11. Industry or business 0

FATHER
12. Name Casper Schaffer. 1
13. Birthplace St. Louis. (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Ida Froelhke.
15. Birthplace (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant's own signature Casper Schaffer
(b) Address 4872 Sanfransisco.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/39 (Month) (Day) (Year)
(c) Place: burial or cremation Zion's Cemetery

18. (a) Signature of funeral director Stroat - Carroll
(b) Address 4600 Natural Bridge.

19. (a) SEP 19 1939 (Date received local registrar) (b) J. F. Bischoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1939 hour 10 minute a M.

21. I hereby certify that I attended the deceased from 9/17/39, 19, to 9/17/39, 19;
that I last saw him alive on Stillborn, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Stillborn	
Stillborn	
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)
(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)
While at work? (e) Means of injury

23. Signature Nathan Bleshy (M. D. or other)
Address 3704 Forest Ave Date signed 9/18/39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

V. S. No. 2. 50M-5-17-39 Rev. 5-17-39 I X19511

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 Sheldon Collier,

Licensed Embalmer No. 3382.

P. O. Address.....

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.