MAR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8650

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2133

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: 4218 Dewey (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 (If outside city or town limits, write "RURAL")

(d) Street No. 4218 Dewey (If rural, give location) (15)

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

3. (a) PRINT FULL NAME Pauline Schaefer

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 Widowed

6. (b) Name of husband or wife Louis Schaefer | 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May 10 (Month) 1860 (Day) (Year)

8. AGE: Years 79 | Months 9 | Days 20 | If less than one day ..... hr. ..... min.

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

10. Usual occupation House Work

11. Industry or business At Home

FATHER
12. Name Fred Tochterman
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Germany (State or foreign country) 6

16. (a) Informant's own signature Joann Elk

(b) Address 4218 a Dewey

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews

18. (a) Signature of funeral director Wm. Schumacher

(b) Address 3013 Meramec St.

19. (a) MAR 4 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st. year 1940 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from ~~March~~ Feb 28, 1940, to March 1, 1940, that I last saw her alive on March 1, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration 2 days

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 John C. Cornell (M. D. or other)

Address 5005 a Graven Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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.

MARGIN RESERVED FOR BINDING

50M-5-17-39 Rev. 5-17-39 I X19511

5005 A Gravers

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 George N. Archambault, Registered Apprentice No. ——, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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.