

No. 2
11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23278

AUG 25 1940
Registration District No. 791

Primary Registration District No. 1003

State File No.

Registrar's No. 5723

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Alexian Bros. Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME AUGUST SCHAEFFER 160
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 Widowed
6. (b) Name of husband or wife late Annie Schaeffer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 18, 1863

8. AGE: Years 76 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Jefferson County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer
11. Industry or business unemployed 10 years

MOTHER FATHER
12. Name Unknown Schaeffer
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Elsie Schaeffer
(b) Address 8317 S. Broadway

17. (a) Burial (b) Date thereof 7-6-40
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Southern Funeral
(b) Address 6322 S. Grans Blvd.

19. (a) JUL 5 1940 (b) J. F. Frederik Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 8317 S. Broadway
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 3rd
year 1940 hour 4 minute 45p M.

21. I hereby certify that I attended the deceased from July 24 to July 3 1940
that I last saw him alive on July 3 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis Chronic
Due to:

Other conditions: Arteriosclerosis Chronic
(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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: Home (Specify type of place) While at work? (Specify means of injury)
Date signed: 7/5/40

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

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.....

Virgil L. Perryman

Licensed Embalmer No.

4018

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.