S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 272

FEB 25 1941

Registration District No. 91 | Primary Registration District No. 1003 | Registrar's No. 272

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: Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")

(d) Street No. 1335a S. Broadway
(If rural, give location)

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

3. (a) PRINT FULL NAME George Schaefer

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Schaefer

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

7. Birth date of deceased April (Month) 22 (Day), 1852 (Year)

8. AGE: Years 88 | Months 8 | Days 18 | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) France (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Edward D. Schaefer
(b) Address 1335a S. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/41 (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Wacker-Schlerle
(b) Address 2331 S. Broadway

19. (a) JAN 11 1941 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9 year 1941 hour 6 minute 45 p. M.

21. I hereby certify that I attended the deceased from Jan. 4th, 1941, to Jan. 9th, 1941 that I last saw him alive on Jan. 9th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lobar Pneumonia.
Due to Pneumococci.
Due to
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address 1310 So. Bdway. Date signed 1/10/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2645

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, fact should be so stated above.