

Registration District No. 18

Primary Registration District No. 200

Registrar's No. 1206

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Nursing Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 - (Specify whether years, months or days)

3. (a) PRINT FULL NAME

ANNA SCHAEFFER.

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 8 - 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months _____ Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business Housewife.

MOTHER FATHER
12. Name Unknown
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's signature Pine Crest Nursing Home
(b) Address Manchester, Mo

17. (a) Burial (b) Date thereof June 9th/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul
18. (a) Signature of funeral director Stordutis & Son
(b) Address 2906 Gravois Ave.

19. (a) JUN - 9 1941 (Date received local registrar)
(b) R. N. Jansen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Manchester
(If outside city or town limits, write "RURAL")
(d) Street No. Pine Crest Nursing Home
(If rural, give location)
(e) If foreign born, how long in U. S. A. 65 - years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1941 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 9 1941 to June 6 1941
that I last saw her alive on June 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____
Due to _____
Due to _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations 82.1
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
28. Signature R. N. Jansen (M. D. or other) _____
Address Manchester, Mo Date signed 6/7/41

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.

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 _____

David Milton Van Fossan, Registered Apprentice No. 280
working under my personal supervision.

Signed Thos. White

Licensed Embalmer No. 1619

P. O. Address 2906 Garretts

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.

7-2-1912