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-39
K26390

Registration District No. 784

Primary Registration District No. 202

Registrar's No. 1372

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8916 Lacland Rd.
(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)

3. (a) PRINT FULL NAME Alice 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 Married

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

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 18 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
46	11	4	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Louis Cooper

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

14. Maiden name Unknown

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

16. (a) Informant L. E. Erwine

(b) Address 8916 Leonard Ave.

17. (a) Removal (b) Date thereof 6-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Akron Ohio

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JUN 23 1941 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County..... 999

(c) City or town Akron
(If outside city or town limits, write "RURAL") 33

(d) Street No. 518 Wabash Ave.
(If rural, give location) 6

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1941 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from June 22 - June 22, 1941, to June 22, 1941; that I last saw her alive on June 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 day

Due to..... 93d

Due to.....

Other conditions Chronic Myocarditis years -

(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) no

(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.....

23. Signature Roy A. Walther (M. D. no)
Address 2438 W. Henderson Rd. Date signed 6-23/41

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

24380 Woodlawn Rd.
2-4-7-8 P.M.

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.

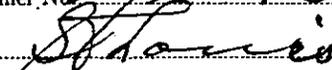
Signed.....



Licensed Embalmer No.

5273

P. O. Address.....



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.