

No. 2  
4-13-40  
-17-39  
I X23159

**AUG 28 1941** 791

Primary Registration District No. **1003**

Registrar's No. **6032**

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

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: 4009a Evans  
(If not in hospital or institution, write street number or location)

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

In this community 60 years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Elizabeth 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 Jacob Schaefer | 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 5, 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	4	18	hr. min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Household

11. Industry or business.....

12. Name Unknown Mueller

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Clara Wiebe

(b) Address 4009a Evans

17. (a) Burial (b) Date thereof July 26, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) JUL 24 1941 (b) J. F. Brubaker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
17  
11 9

(a) State Missouri (b) County.....

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

(d) Street No. 4009a Evans  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23  
year 1941 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 3<sup>rd</sup>, 1940, to July 23, 1941;  
that I last saw him alive on July 22, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Small Arterio-Sclerosis

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
Of autopsy None

Duration 2 years

PHYSICIAN [Signature]

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) (Specify means of injury)

23. Signature Julius E. Katter (M. D. or other) A.M.D.

Address 2603 Cherokee St Date signed 7-23-41

Sr. Julius Rattl  
2603<sup>rd</sup> Cherokee

2-5

**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.....  
*[Handwritten Signature]*

Licensed Embalmer No..... 3737

P. O. Address..... 1936 N. Tower

**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.