

FILED MAY 13 1942

791

Primary Registration District No. 1005

Registration District No.

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:
6104 Lucille Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 6104 Lucille Ave
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Charles M. Schafer

3. (b) If veteran, name war None

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5, year 1942 hour 1:00 AM minute..... M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret J. Schafer

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased September 12, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 4, 1942 to May 5, 1942 that I last saw him in alive on May 4, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 7 Days 23 If less than one day hr. min.

Immediate cause of death Toxemia and Exhaustion Duration 6 wks

Due to Carcinoma of Stomach 2 yrs

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

Due to He

Other conditions He
(Include pregnancy within 3 months of death)

10. Usual occupation Mfg. representative

PHYSICIAN

Major findings: no operation

Of operations.....

Of autopsy no autopsy

Underline the cause to which death should be charged statistically.

MOTHER { 11. Industry or business.....

12. Name Charles H. Schafer

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

14. Maiden name Elizabeth Tobmler

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

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?.....

16. (a) Informant Mrs Margaret J. Schafer

(b) Address 6104 Lucille Ave

While at work?.....
(Specify type of place) (e) Means of injury

17. (a) Burial (b) Date thereof 5/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

23. Signature J. F. Bredenk (M. D. or other) M. D.
Address 634 No. Grand - St. Louis Date signed 5/6/42

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 6 1942 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

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 William B. Buehholz
Licensed Embalmer No. 2110
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.