

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

9-4-41  
5-17-39  
I X29484

Registration District No. 101

Primary Registration District No. 101

Registrar's No. 618

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

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

In this community, 3 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis <sup>96</sup>

(c) City or town Webster Groves <sup>7</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 717 Greeley Ave. <sup>1</sup>  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Karl Egon Schaefer

3. (b) If veteran, name war No

3. (c) Social Security No. 496-12-1297

4. Sex M <sup>0</sup> 5. Color or race W

6. (a) Single, widowed, married, Divorced Single

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

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

7. Birth date of deceased. June 8 1923  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>19</u>	<u>9</u>	<u>5</u>	hr. .... min.

9. Birthplace Berlin <sup>of</sup> Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business.....

MOTHER FATHER { 12. Name Karl J. H. Schaefer

13. Birthplace Elberfeld <sup>of</sup> Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Edith Day Frazer

15. Birthplace St. Louis <sup>of</sup> Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Day Frazer Schaefer

(b) Address 717 Greeley Ave.

17. (a) Burial (b) Date thereof 3-16-'43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery  
MULLERBERG FUNERAL HOME  
WEBSTER GROVES, MO.

18. (a) Signature of funeral director W. J. McGowan

(b) Address.....

19. (a) MAR 17 1943  
(Date received local Registrar)

(b) Registrar's signature W. J. McGowan

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14  
year 1943 hour 10 minute 10 a.m.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death While riding as a passenger in an automobile that hit a bridge abutment. <sup>Duration</sup>

Due to Subdural and subarachnoid hemorrhage; Lacerations of right cheek, frontal and submental regions.

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

Major findings:  
Of operations.....

Of autopsy Yes. <sup>1760-4</sup> <sup>27</sup>

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) Accident. <sup>96</sup>

(b) Date of occurrence March 13, 1943

(c) Where did injury occur St. Louis & Jefferson Co.  
(City or town) (County) Lines.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place  
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Louis B. Ross (M.D. or other) <sup>9</sup>

Address Kirkwood, Mo. 3-15-43 Date signed.....

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

15 02

Mo. 9

**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

*J. Allen Dwyer Jr.*  
Licensed Embalmer No. *4053*

P. O. Address.....

**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.**