

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12740

State File No.

APR 19 1943
Registration District No. **318**Primary Registration District No. **1003**Registrar's No. **2841**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lutheran Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Month
 (Specify whether
 In this community 54 years
 years, months or days)

3. (a) PRINT FULL NAME Mr. William A. Schaefer3. (b) If veteran, name war. --- 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Hildegard L. Schaefer 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased November 4, 1888
 (Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 18 If less than one day hr. min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Clerk11. Industry or business Religious Publications12. Name John Schaefer 13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Emilie Wiehle15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Hildegard Schaefer
(b) Address 3824 Virginia17. (a) Burial (b) Date thereof March 25, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Concordia Cemetery18. (a) Signature of funeral director Beiderwieden F. H. Inc.(b) Address 1936 St. Louis Avenue19. (a) J. P. Budeck (b) (Date received local registrar) (Registrar's signature)
MAR 25 1943

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. 3824 Virginia Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd,
year 1943 hour 7 minute 10 A.M.21. I hereby certify that I attended the deceased from
Oct. 23, 1941, to March 22, 1943
that I last saw him alive on March 22, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Cardio-vascular Renal Disease Duration 3 yearsDue to Chronic Nephritis ?Due to arterio-sclerosis & hypertension?
Myocarditis & hypertrophy ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131
Of operationsOf autopsy Chronic Nephritis - Cardiac Hypertrophy
Ch. Vascul. Congestion of Kris. Pul. Infarcts
Underline the cause to which death is charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X X X X X(b) Date of occurrence X X X X X X(c) Where did injury occur? X T T X X
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
X X T T X X 1While at work? X (Specify type of place) (e) Means of injury X23. Signature Victor P. Klopffer (M. D. or other) M.D.Address 3805 So. Broadway Date signed 3/23/43

Dr. Victor K. Laepple

2-3

7-8 Mon + Thurs

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..... *Felix J. Krupin*

Licensed Embalmer No..... *3497*

P. O. Address..... *1936 St. Louis*

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.