

FILED MAY 7 1943
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Registration District No. **1318**

Primary Registration District No. **1003**

Registrar's No. **3954**

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:
5657 Wabada Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **Life** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5657 Wabada Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Anna E. Schoeferling**

3. (b) If veteran, name war..... **No** 3. (c) Social Security No. **None**

4. Sex..... **Female** 5. Color or race..... **White** 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..... **September 17, 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 9 hr. min.

9. Birthplace..... **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Teacher**

11. Industry or business..... **St. Louis Public Schools**

MOTHER FATHER

12. Name..... **Herman Schoeferling**

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

14. Maiden name..... **Fredericke Oberschelp**

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

16. (a) Informant..... **Miss Amelia Schoeferling**

(b) Address..... **5657 Wabada Ave.**

17. (a) **Cremation** (b) Date thereof..... **Apr. 29, 1943.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Valhalla Crematory**

18. (a) Signature of funeral director..... **Calvin F. Peutz F un. Home**

(b) Address..... **4828 Natural Bridge Blvd.**

19. (a) **APP 20 1943** (b) **J.F. Beedack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26th**
year..... **1943** hour **6** minute **A.** M.

21. I hereby certify that I attended the deceased from **4/23**
to **4/25**, 19**43**
that I last saw him alive on **4/25**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Myo. Carditis**
Duration

Due to..... **Mitral Stenosis**

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

Major findings: Of operations.....

Of autopsy.....

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?

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

23. Signature..... **Roy Crompton** (M. D. or other)
Address..... **122 Base** Date signed **4/27/43**

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

6143 Post
3.4. 7-8

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.....

John A. Melina....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *John A. Melina*.....
Licensed Embalmer No..... *4186*.....
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.