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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **5727**

FILED JUL 3 1943

Registration District No. **218** Primary Registration District No. **1003**

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:  
**5938 Emma Ave.**  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County \_\_\_\_\_

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

(d) Street No. **5938 Emma Ave**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Katherine Schafers**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white**

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

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

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

7. Birth date of deceased **Dec. 26 1859**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>83</b>	<b>5</b>	<b>25</b>	hr. _____ min. _____

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

10. Usual occupation **housewife**

11. Industry or business **home**

12. Name **unknown**

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) **Germany 4**

14. Maiden name **unknown**

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) **Germany 4**

16. (a) Informant **Fred Schafers**

(b) Address **5938 Emma**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **6-24-1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **J. F. Bruck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21**  
year **1943** hour **1** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 1 1943** to **June 21 1943**  
that I last saw him alive on **6/21 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute myocarditis**

Due to **acute rheumatism**

Due to **stroke**

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)

Means of injury \_\_\_\_\_

23. Signature **J. F. Bruck** (M. D. or other) \_\_\_\_\_  
Address **2403 14th Street** Date signed **6/24/43**

Duration **1 yr.**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

JUN 23 1943

2505N Flouissant  
1-10, 3

**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 Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address 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.**