

FILED AUG 7 1943

Registration District No. 318

Primary Registration District No. 1000

Registrar's No. 6832

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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life Time years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2905 1/2 Franklin Ave (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillie Jean Schafer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 25th
year 1943 hour 4:15 minute A. M.

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 19th 1933 (Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
10 1 6 _____ hr. _____ min.

Immediate cause of death: Purulent Cystitis with secondary Pyelitis, bilaterally;
Due to no illness
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 1st

10. Usual occupation Child

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Sam Schafer
13. Birthplace Memphis Tenn (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name Anna Taylor
15. Birthplace St. Louis mo (City, town, or county) (State or foreign country)

16. (a) Informant Anna Schafer
(b) Address 2905 1/2 Franklin Ave

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-43 (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____

(c) Place: burial or cremation Greenwood

(b) Date of occurrence _____

18. (a) Signature of funeral director J. B. Budeck & Son
(b) Address 23133 Beale Ave

(c) Where did injury occur? _____ (City or town) (County) (State)

19. (a) 44 28 1943 (Date received local registrar) (b) J. B. Budeck (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Thomas J. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 7-26-43

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

MOTHER FATHER

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.....
[Handwritten Signature]

Licensed Embalmer No. *2498*

P. O. Address *2769 Chouteau*

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.