

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8804 Huiskamp Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 8804 Huiskamp Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHANNA SCHAEFER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 3 Divorced

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

7. Birth date of deceased Oct. 18, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Carlyle Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Dennis O'Brein
13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Raymond Haynes

(b) Address 8804 Huiskamp Ave, Jennings

17. (a) Burial (b) Date thereof 8/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. AUG 4 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2nd
year 1943 hour 1:15 AM _____ M.
minute

21. I hereby certify that I attended the deceased from 7/2/43
19____ to 8/3/43 19____
that I last saw her alive on 8/1/43 19____
and that death occurred on the date and hour stated above.

Immediate cause of death, Chronic myo carditis 2 yrs
Hypertension Duration ??

Due to _____
Due to _____

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

Major findings: Collapse of uterus
Of operations rectum
Of autopsy 9/30

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) _____
(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 Charles W. Harris D. or other _____
Address 5346 Oriole Date signed 8/2/43

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.....

.....
Licensed Embalmer No. 4202

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.