

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 21 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1882

1. PLACE OF DEATH:

(a) County St. Louis Co. Mo.
(b) City or town Rural Lema
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9518 Tesson Ferry Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME LOUISE C. SCHAFFER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Jan 9th 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Nicholas Regnier

13. Birthplace France (City, town, or country) (State or foreign country)

14. Maiden name Constance Senevey

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

16. (a) Informant Alice Kaeshamer

(b) Address 9518 Tesson Ferry Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18/43 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Thos. Rutis & Son

(b) Address 2906 Gravois Ave

19. (a) AUG 18 1943 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County [Signature]
(c) City or town St. Louis Co. Rural Lema
(If outside city or town limits, write "RURAL")
(d) Street No. 9518 Tesson Ferry Rd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15 year 1943 hour 4 05 minute A. M.

21. I hereby certify that I attended the deceased from July 15, 43 to Aug 15, 1943 that I last saw her alive on Aug 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 1 year

Due to Arterio sclerosis 3 years

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 93d
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) no
(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 [Signature] (M. D. or other) [Signature]
Address 2767 Beane Dr Date signed 8-16-43

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

26
00
0

MOTHER FATHER

Mr. Lest
June 1, 1910

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 Saint Van Fossan

Licensed Embalmer No. 4243

P. O. Address 2906 Brown

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.