

S. No. 2
M-5-43
5-17-39
I X38671

FILED MAR 1 1944 18
Registration District No. **18**

Primary Registration District No. **1003**

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

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: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Isabel 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 Widow

6. (b) Name of husband or wife Philip Schaefer

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

7. Birth date of deceased June 10, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>8</u>	<u>9</u>	hr. <u>-----</u> min.

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

10. Usual occupation At home

MOTHER FATHER

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Marintha Soragen

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

16. (a) Informant Mrs. Elmer Huntstein

(b) Address 4915 Emerson Ave

17. (a) Burial (b) Date thereof 2/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Ceme

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

(b) Address 2161 East Fair Ave

19. (a) FEB 21 1944 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 4915 Emerson Ave 97
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th
year 1944 hour 10:40 AM minute ----- M.

21. I hereby certify that I attended the deceased from 2-16-44
to 2-19-44, 1944,
that I last saw her alive on 2-19-44, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death agranulocytosis 3 days
arteriosclerosis (moderate)

Due to 97

Other conditions 97
(include pregnancy within 3 months of death)

Major findings:
Of operations -----

Of autopsy as above

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? ery

While at work? ----- (Specify type of place) (e) Means of injury 0

23. Signature J. F. Bruders (M. D. or other) M.D.
Address 5024 N. Union Date signed 2-21-44

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 *Welford G. Burnley*
Licensed Embalmer No. *4209*
P. O. Address *Albany*

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.