

No. 2
8-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20223
5805

State File No. _____
Registrar's No. _____

Registration District No. 212 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4226a Ellenwood,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 6 months
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4226a Ellenwood,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Schaefer
(b) If veteran, name war No
(c) Social Security No. None
4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive 1872 years
7. Birth date of deceased April 7, 1944
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 27
year 1944 hour 11 minute _____ A. M.
21. I hereby certify that I attended the deceased from 6/7/44
to 6/27, 1944
that I last saw h. en alive on 6/26, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchopneumonia Duration 2 day

8. AGE: Years 72 Months 2 Days 20
If less than one day hr. _____ min. _____
9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife.

Due to Internal capsule hemorrhage (old) 4 yr.
Due to Hypertension (Cardiovascular disease) many yr.
Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Bernard Kreutz,
13. Birthplace Germany,
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy 12/1
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Fred Brandt,
(b) Address 4226a Ellenwood,
17. (a) Burial (b) Date thereof 6/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenmount Cem - Quincy Ill
18. (a) Signature of funeral director Oscar J Hoffmeister
(b) Address 4016 Chippewa
19. (a) JUL 28 1944 J. J. Brudack
(Date received local registrar) (Registrar's signature)

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 J. J. Brudack (M. D. or other) _____
Address 3658 Grand Date signed July 28 1944

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

2971

DATE OF DEATH

PLACE HERE

IN THE

OF

at

Embalmer separate Cert to be filed

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.....

P. O. Address.....

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.