

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 1107 Lemay Ferry Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

John Schaeffer

3. (b) If veteran, name war.....
none

3. (c) Social Security No.....
No.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased December 3 1984
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 2 0 hr. min.

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

10. Usual occupation office manager

11. Industry or business

12. Name John Schaeffer

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

14. Maiden name Augusta Eicker

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

16. (a) Informant Lydia Schaeffer

(b) Address 1107 Lemay Ferry Road

17. (a) burial (b) Date thereof 2-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Southern Funeral Home
6322 So. Grand Blvd.

(b) Address

19. (a) FEB 5 1945 (b) J. F. Bruseck
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month February day 3rd

year 1945 hour 6:45 minute a.m.

21. I hereby certify that I attended the deceased from Nov. 24th, 1944 to Feb. 3rd, 1945
that I last saw him alive on February 3rd, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cancer of Liver (Carcinoma)

Duration

4 wks.

Due to.....

Due to.....

Other conditions Ulcer of Stomach
(Include pregnancy within 3 months of death)

2 mo.

Major findings:

Of operations no

Of autopsy no

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)

23. Signature J. F. Bruseck (M. D. XXXX)

Address 3608 S. Grand Blvd. Date signed 2/5/45

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

Dr. Walters
La. 7891

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..... *Virgil L. Berryman*
Licensed Embalmer No..... *4018*
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.