V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#41901

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15552

FILED MAY 26 1945

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 4323

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: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community

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. 823a ALLEN AVE.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Schaefer

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 WIDOWED

6. (b) Name of husband or wife JOHN M.

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

7. Birth date of deceased Mar. (Month) 6 (Day) 1857 (Year)

8. AGE: Years 88 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

FATHER

12. Name JACOB SINNEGAR

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

MOTHER

14. Maiden name MARY ?

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

16. (a) Informant REV. ANDREW H. TOEBBEN

(b) Address 1919 S. 7th St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof May 16, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director John H. Gebken Sons

(b) Address 2630 Gravois Ave

19. (a) MAY 15 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th year 1945 hour 4:40 minute A.M.

21. I hereby certify that I attended the deceased from 5/9/45, 19..., to 5/14/45, 19...; that I last saw her alive on 5/14/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Acute suppurative Cystitis Bronchopneumonia, arteriosclerosis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. Kaar (M. D. or other)

Address 1515 Lafayette Date signed 5/14/45

(Licensed Embalmer's Statement on Reverse Side)

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 Herman A. Gebkin

Licensed Embalmer No. 2120

P. O. Address 2630 Gravois

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.