

No. 2
-12-45
-17-39
X47070

FILED NOV 4 1946

STANDARD CERTIFICATE OF DEATH

34842 ✓
State File No. 0
Registrar's No. 3175

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9624 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 Amelia Schaefer
3. (b) If veteran, name war None
3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph A.
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Apr. 20 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 6 7 hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Miller
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Marx
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph A. Schaefer
(b) Address 9624 Tesson Ferry Rd.

17. (a) Burial (b) Date thereof 10 30 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) 10-29-46 (b) Auth. Schaefer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 96
(c) City or town Affton
(If outside city or town limits, write "RURAL")
(d) Street No. 9624 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 Oct. day 27th
year 1946 hour 11:40 minute _____ A.M.
21. I hereby certify that I attended the deceased from 27th Oct
1946, to 27th Oct 1946
that I last saw her alive on 27 Oct 1946
and that death occurred on the date and hour stated above.

Immediate cause of death General Debilitation
Cardiac Failure
Due to Metastatic Carcinoma
entire body 1 1/2 yrs
Due to Carcinoma Ovary

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

Major findings:
Of operations _____
Of autopsy _____
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) none
(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)
(c) Means of injury _____

23. Signature Charles Hester (M. D. or other) _____
Address State S. Compton Date signed 28 Oct 46

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

NOV 6 1946

NOV 23 1950

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 Richard W. Storssand

Licensed Embalmer No. 4007

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.