

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3037
Registrar's No. 881

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1840 So. 10 th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ***** (Specify whether
In this community 18 years
years, months or days)

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. 1840 So. 10th. Street
23 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Shirley Schaffer
3. (b) If veteran, name war *****
3. (c) Social Security No. *****

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced. ○
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased September 8, 1928
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 4 18 hr. min.

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

10. Usual occupation *****
11. Industry or business *****

MOTHER FATHER

12. Name George W. Schaffer
13. Birthplace Harrison County, Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Meala Jones
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant George W. Schaffer
(b) Address 1840 So. 10 th. Street

17. (a) Burial (b) Date thereof 1-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) J. P. Medeck (b) J. P. Medeck
(Deputy Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
year 1948 hour 6:10 minute A M.
21. I hereby certify that I attended the deceased from Oct 10, 1941
to July 26, 1948
that I last saw h. er alive on January 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Flu Pneumonia 2 4 days
Duration
Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....
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)
(e) Means of injury.....
23. Signature O. D. Meyer (M. D. or other)
Address 6029 S. Kingshighway Date signed 1-28-48

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 E. H. Cooper

Licensed Embalmer No. 3830

P. O. Address 5301 Lafayette

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.