

1/47
17-39

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAR 11 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6983
Registrar's No. 2111

Primary Registration District No. 1003

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

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: **Alexian Brothers Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis** 96
(c) City or town **Afton**
(If outside city or town limits, write "RURAL")
(d) Street No. **9902 Gravois ave.**
N.R. (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Louis H. Schaeffer**
3. (b) If veteran, **no** name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **27**
year **1948** hour **12** minute **45 P.** M.
21. I hereby certify that I attended the deceased from **July** " **1947**, to **Feb. 27**, 19**48**
and that death occurred on the date and hour stated above. **1948**
Duration

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Analia Schaeffer**
6. (c) Age of husband or wife if alive **85** years
7. Birth date of deceased: **August 1 1889**
(Month) (Day) (Year)

Immediate cause of death
ac Dilatation of heart 3 hr
steps status P. necr 1/2 day
Due to **chronic myocarditis** **cardiomegaly**
cirrhosis of liver 1 yr

8. AGE: Years Months Days If less than one day
58 **6** **26** ..br.min

Other conditions **ascites** 3 mon.
Major findings: **12/24**
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause of which death should be charged statistically.

9. Birthplace: **Mehlville, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Lab orer**
11. Industry or business **Concrete**
12. Name **John R. Schaeffer**
13. Birthplace **Mehlville Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Augusta Idecker**
15. Birthplace **Mehlville Mo.**
(City, town, or county) (State or foreign country)
16. (a) Informant **Mrs. Analia Schaeffer**
(b) Address **9902 Gravois ave, Afton, Mo.**
17. (a) **Burial** (b) Date thereof **MARCH 2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **MT. HOPE CEM.**
18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
(b) Address **7814 S. Broadway**
19. (a) **MAR 1** (b) **J. T. Bredack**
(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 **Ernest S. Crenshaw** (M. D. or other).....
Address **752 Levee, Jersey City** Date signed **2/27/48**

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 *Louis C. Hoffmeister*

Licensed Embalmer No. *3771*

P. O. Address *7814 S. Broad*

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.