No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

#19601

FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

24678

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6201

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

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-Max C. Starkloff
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5149 Cates Ave. Memorial
(If rural, give location)

(e) Citizen of foreign country? 12 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME IDA SCHAEFFER

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 WIDOW

6. (b) Name of husband or wife GEORGE SCHAEFFER

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

7. Birth date of deceased FEB. 10th 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	5	1	hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name LIVINGSTON WILLIAMSON
13. Birthplace N. Y.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CHRISTIAN BIERLIN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Pamela Williamson
(b) Address 5149 Cates Ave.

17. (a) BURIAL (b) Date thereof 7/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lions Cem

18. (a) Signature of funeral director L. Mullen Ind. Co.
(b) Address 5165 Delmar Bl.

19. (a) JUL 13 1948 (b) J. F. Bradack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1948 hour 9 minute 05 P M.

21. I hereby certify that I attended the deceased from 6/24/48
, 19, to July 11th, 1948
that I last saw her alive on July 11th, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	2 days
Due to Arterio-Sclerotic Heart Disease	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? 17
(Specify type of place)
While at work? (e) Means of injury

23. Signature 1515 Lafayette, 7/12/48 (M. D. or other) M. D.
Address Joe H. Hardin Date signed

Jefferson City Printing Co.

(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..... H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

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.