

No. 300  
-10-47  
5-17-39  
I 3906

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25050

State File No. \_\_\_\_\_  
Registrar's No. 1896

FILED AUG 13 1948  
Registration District No. 279

Primary Registration District No. 6-76

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Shrewsbury  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5001 Annette Ave.  
(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 HELENA SCHAEFFER

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 Herman

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

7. Birth date of deceased March 15 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>4</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Carl Nolte

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

14. Maiden name Margaret Roche

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

16. (a) Informant John P. Wright

(b) Address 5001 Annette Ave.

17. (a) Burial (b) Date thereof 8-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) 8-9-48 (b) Beulah G. Sharp  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town Shrewsbury  
(If outside city or town limits, write "RURAL")

(d) Street No. 5001 Annette Ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8  
year 1948 hour 12:15 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 8-17, 1942, to 8-8, 1948;  
that I last saw her alive on 8-7, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Duration 2 1/2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(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) \_\_\_\_\_

(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)

(a) Means of injury \_\_\_\_\_

23. Signature Arthur H. Westray (M. D. or other) \_\_\_\_\_

Address Wesley Groves 17 Mo. Date signed 8-9-48

