

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. 1003

Dripps

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

28182
State File No.
Registrar's No. 7096

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:
ALEXIAN BROTHERS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Weeks
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa County 999
(b) City or town Keokuk 999
(If outside city or town limits, write "RURAL")
(c) Street No. NR. (If rural, give location)
(d) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALBERT J. SCHAEFER
3. (b) If veteran, name war
3. (c) Social Security No. 521-16-8281

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUG day 12
year 1948 hour 4 minute AM.
21. I hereby certify that I attended the deceased from July 3
1948 to Aug 12 1948
that I last saw him alive on Aug 12 1948
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ELLA 6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN 2 1890
(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis Chronic
Due to 93A
Due to Chronic
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis
Major findings: Chronic
Of operations
Of autopsy

8. AGE: Years 78 Months 7 Days 10 If less than one day hr. min.

9. Birthplace IOWA
(City, town, or county) (State or foreign country)
10. Usual occupation SHIPPING CLERK

11. Industry or business
12. Name GEO. SCHAEFER
13. Birthplace GER 4
(City, town, or county) (State or foreign country)
14. Maiden name MARY VENTURE
15. Birthplace GER 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Schaefer
(b) Address 7843 Alameda

17. (a) BURIAL (b) Date thereof AUG. 16-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation PARK LAWN CEM.

18. (a) Signature of funeral director M. J. P. Fisher
(b) AUG 13 1948
(Date received local registrar)

19. (a) J. F. Driess (b) J. F. Driess
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury
23. Signature Roy C. Driess (M. D. or other)
Address 7702 Perry Date signed 8/12/48

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

MOTHER FATHER

Roy C. Driess

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 Ronald C. Yohanka
Licensed Embalmer No. 3917
P. O. Address 51 Lane

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.