

Registration District No. 318 Primary Registration District No. 1003

17
9

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Edward C. Schaafs

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth K.

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

7. Birth date of deceased April 3 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>7</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Paper Carrier

11. Industry or business Retired

12. Name Henry Schaafs

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

14. Maiden name Amelia Herwig

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

16. (a) Informant Al Kappler

(b) Address 4339 Holly Hills

17. (a) Burial (b) Date thereof 12/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

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

(b) Address 3710 N. Grand Blvd

19. (a) NOV 30 1948 (b) J. B. Lesater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 6920 Natural Bridge Rd.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1948 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 28
to Nov 29, 1948

that I last saw him alive on Nov 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to Arterio Sclerosis

Due to Fracture of left neck & upper

Other conditions Arterio Sclerosis
(Include pregnancy within 6 months of death)

Major findings:
Of operations Arterio Sclerosis

Of autopsy Arterio Sclerosis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov 20, 1948

(c) Where did injury occur? Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
See above
(Specify type of place) (e) Means of injury Fall

While at work? _____

23. Signature Henry Hutton (M. D. or other)
Address 306 Illinois St. Date signed _____

Duration 1 day

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

3666 Kansas

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 Albert Mayfield
Licensed Embalmer No. 3077
P. O. Address.....

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.