

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 17669  
4553

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 65 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9 8		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4019a Ashland Ave.				d. STREET ADDRESS (If rural, give location) 4019a Ashland Ave.				
3. NAME OF DECEASED (Type or Print) OTTO			a. (First) OTTO		b. (Middle) C.		c. (Last) SCHAEFER	
4. DATE OF DEATH		(Month) May		(Day) 21		(Year) 1949		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 2, 1868		
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Wagon Mfg.		11. BIRTHPLACE (State or foreign country) Frankfort Germany 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William Schaefer			13b. MOTHER'S MAIDEN NAME KATHERINE SCHMIEK MW NY			14. NAME OF HUSBAND OR WIFE Katherine Soellner Schaefer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Katherine Schaefer, 4019a Ashland Ave.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 3 days				3 days		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Varicose ulcers of lower extremities year.		DUE TO (c) Pericardial Fibulation				10 weeks		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) 94		(COUNTY) _____ (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201				
22. I hereby certify that I attended the deceased from 2-8, 1949, to 5-21, 1949, that I last saw the deceased alive on 5-21, 1949, and that death occurred at 8:00 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. B. Pasater				23b. ADDRESS 4222 N. Grand		23c. DATE SIGNED 5-23-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 25, 1949		24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery		24d. LOCATION (City, town, or county) (State) 7133 Gravois, St. Louis, Mo.		
DATE REC'D BY LOCAL REG. MAY 23 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F. HOME INC. 1936 St. Louis Ave				

(Licensed Embalmer's Statement on Reverse Side)

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

DR. O. E. TJOPLAT  
4722 NW 62ND

11-2 6-8

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed

*Max L. Warfel*

Licensed Embalmer No. 4170

P. O. Address 1936 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.