

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6748

FILED FEB 27 1952

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1143**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2149</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3725 Sulphur Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>14 3725 Sulphur</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Adam</b> b. (Middle) c. (Last) <b>Schaefer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 4, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <b>Widower</b>	8. DATE OF BIRTH <b>Sept. 6, 1871</b>
9. AGE (In years last birthday) <b>80</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <b>Widower</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b> <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bowling Alley</b>	
11. BIRTHPLACE (State or foreign country) <b>Germany</b> <b>4</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>August Schaefer</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Jennie</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marguerite Edl,</b> ADDRESS <b>3725 Sulphur Ave.</b>	
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) <b>Arteriosclerotic Heart Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General Arteriosclerosis</b> DUE TO (c) 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"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? <b>4:200</b>		22. I hereby certify that I attended the deceased from <b>Sept 19 57</b> , to <b>Feb 19 52</b> , that I last saw the deceased alive on <b>Feb 3, 19 52</b> , and that death occurred at <b>8 P m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Martin W. Davis, M.D.</b> (Degree or title)		23b. ADDRESS <b>539 N. Grand Ave</b>	
23c. DATE SIGNED <b>2/5/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>2-7-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe,</b> ADDRESS <b>4700 Washington Blvd.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 5 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	

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

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *John S. Denneke*

Licensed Embalmer No. *41940*

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.