

STANDARD CERTIFICATE OF DEATH

14747
3166

State File No.
Registrar's No.

FILED APR 25 1952

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

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	State File No.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY 0			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 2130					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (in this place) Oct. 28, 1947		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		0		
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary			d. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St.					
3. NAME OF DECEASED (Type or Print) a. (First) Julius b. (Middle) _____ c. (Last) Schaefer			4. DATE OF DEATH (Month) (Day) (Year) April 3, 1952					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 2 - 12 - 1866		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Wm. Schaefer		13b. MOTHER'S MAIDEN NAME Elizabeth Mattledge		14. NAME OF HUSBAND OR WIFE Lillie E. Schaeffer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmary Records 5800 Arsenal St.				
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) Myocarditis, Myocard-degeneration ANTECEDENT CAUSES DUE TO (b) Senile deterioration Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) (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? H22.2				
22. I hereby certify that I attended the deceased from Oct. 28, 1947 , to April 3, 1952 , that I last saw the deceased alive on April 3, 1952 , and that death occurred at 8:15 A.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Salmon Rusine Bowditch M.D.				23b. ADDRESS 5800 Arsenal		23c. DATE SIGNED 4-3-52		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-5-52		24c. NAME OF CEMETERY OR CREMATORY Bethany		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri		
DATE REC'D BY LOCAL REG. APR 4 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd.				

APR 28 1957

DEPT OF HEALTH

no 12345 6789 1011

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.

Student
Student Embalmer

Signed *Albert R. Thompson Jr*

Licensed Embalmer No. *4537*

P. O. Address *St. Louis, Mo.*

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.