

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

5183

845

**1. PLACE OF DEATH**

County Jackson Registration District No. 399

Township Wagon Wheel Primary Registration District No. 1002

City Wagon Wheel (No. 3021) Precinct 110

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 13621 Olive St. Precinct 110  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Le 4. COLOR OF RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) mar.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 | 8 | 21

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

10. NAME OF FATHER Jos. Schaeffer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Frieda Bader

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Mrs. T. Schaeffer 3621 Olive St.

15. FILED Feb. 28 M. M. Connel REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 1928

17. I HEREBY CERTIFY, That I attended deceased from 6:10, 1927, to 7:22, 1928, that I last saw living alive on 2 22 1928, and that death occurred, on the date stated above, at 9:00 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis  
73C  
150 ft  
CONTRIBUTORY Bright's Disease (duration) 2 yrs. mos. ds.  
(SECONDARY)  
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 129A  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Phys. & findings  
(Signed) J. Schaeffer, M. D.  
2.24.1928 (Address) 410 Argyle Bldg

\*State the DISEASE CAUSING DEATH, & if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Church DATE OF BURIAL 2/25 1928

20. UNDERTAKER F. J. Stuebel Co ADDRESS 374 1/2 Main

RECORDING INFORMATION IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Ph. T. Fowler