

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

Do not use this space. 8632

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo (No. City North)
 File No. Registered No. 2303
 St. Ward)

2. FULL NAME

William E. Schafer
 (a) Residence. No. 1409 Benton St. St. 26 Ward.
 (Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1929

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY That I attended deceased from Jan 27 1929 to Feb 18 1929 that I last saw him alive on Feb 15 1929 and that death occurred, on the date stated above, at 2:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25 1860

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 3 23

930 (duration) 2 yrs. mos. da.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Elevator Man
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

CONTRIBUTORY (SECONDARY) 900 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) New Jersey
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Wm E. Schafer

DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) John C. Creany, M. D.
2-18, 1929 (Address) 2574 N. 14th St.

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Florence Schafer
 (Address) 1409 Benton St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Feb. 21 1929

15. FILED SEP 20 1929 J. C. Starbuck REGISTRAR

20. UNDERTAKER By Leidner Mnd Co ADDRESS 14th St
Market St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. E. - Every item of information should be carefully supplied. AGE shown as stated EXACTLY. OCCUPATIONS shown as stated.

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