

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

Do not use this space.
Chenotheca & Co. California
88931

1. PLACE OF DEATH

County..... Registration District No. 18th
Township..... Primary Registration District No. 1005
City St. Louis Mo (No. Lutheran Hospital)
St. Ward)

File No.
Registered No. 2568
St. Ward)

2. FULL NAME

(a) Residence. No. 1725 Lafayette St., 23 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

Male | White | Married

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

Anna Schaefer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 31-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 | 3 | 23 | — | — | —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Moving & Storage
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

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

10. NAME OF FATHER George Schaefer

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

12. MAIDEN NAME OF MOTHER Margaret Driscoll

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

14. INFORMANT Wm Schaefer
(Address) 1725 Lafayette - St. Louis Mo

15. FILED 25 1929 Wm C. Starkey REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-23 1929

17. I HEREBY CERTIFY, That I attended deceased from February 12, 1929, to February 23, 1929, that I last saw him alive on February 23, 1929, and that death occurred, on the date stated above, at 378.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hepatic abscess non tubercular from cholecystitis
127B
125B (duration) yrs. mos. ds.

CONTRIBUTORY Cholecystitis
(SECONDARY) (duration) yrs. mos. ds.

18. WHEN WAS DISEASE CONTRACTED? St. Louis
IF NOT AT PLACE OF DEATH, ...

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF February 13, 1929

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Physical exam. & Lab
(Signed) J. Lewis Hutton, M. D.
2/25, 1929 (Address) 3400 California ave.

*State the DISEASE CAUSING DEATH, or in 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 St. Peter & Paul Cem DATE OF BURIAL 2-27 1929

20. UNDERTAKER Weick Bros 2201 Grand ADDRESS

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.

Alfred Day
Quality Chamber