

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

Do not use this space

8916

**1. PLACE OF DEATH**

County St. Louis Mo Registration District No. 78 File No. 2012  
 Township St. Louis Mo Primary Registration District No. 100 Registered No. 2012  
 (No. 3618 Minnesota) St. 16 Ward

**2. FULL NAME**

Schaefer, Chas. C.  
 (a) Residence. No. 3618 Minnesota St. 16 Ward. (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 9 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Belt Manufacturer  
 (b) General nature of industry, business, or establishment in which employed (or employer) Belts -  
 (c) Name of employer C. C. Schaefer Belting Co.

9. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

10. NAME OF FATHER Adolph Schaefer

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

12. MAIDEN NAME OF MOTHER Mathilda Nordhoff

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

14. Informant Louise Schaefer  
 (Address) 3618 Minnesota

15. FILED May 2 19 1929  
Max C. Starbuck  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1929 to Feb 24, 1929  
 that I last saw h. alive on Feb 24, 1929 and that death occurred, on the date stated above, at 5:20 A. M.

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

Chronic Interst. Nephritis  
131 - Myocarditis -  
9.3 Cr  
132 B (duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Acute Haecma

18. WHERE WAS DISEASE CONTRACTED 1290 (duration) yrs. mos. 3 da.  
 IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Every  
 (Signed): Max C. Starbuck, M. D.

Feb 26 1929 (Address) 303 Arsenal St.

\*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 Lincoln Burial Park DATE OF BURIAL Feb 27 1929

20. UNDERTAKER Heidemuller ADDRESS 6203 Groves

auf der Erde

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.

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PARENTS

