

AUG 20 1930

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

Do not use this space.

22183

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township _____ Primary Registration District No. 3009
City Cape Girardeau Mo No. _____ St. _____ Ward _____

File No. _____
Registered No. 461
St. _____ Ward _____

2. FULL NAME

Eust Schaefer
(a) Residence No. County home St. _____ 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Essian Schaefer</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 15 1856</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>74</u>	<u>5</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Collar maker
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Mo.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Gustafus Schaefer</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Minnie Klapproth</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Mr. Aug. Schaefer
(Address) Cape Girardeau Mo
15. FILED 7/23/30 W.C. Kaempfer
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1930
17. I HEREBY CERTIFY, That I attended deceased from July 22 1930 to July 22 1930, 1930
that I last saw h alive on July 20 1930 and that death occurred, on the date stated above, at 5:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Hypertrophic
cardioid heart
12.4.13
115C (duration) But never yrs. mos. ds.
CONTRIBUTORY Stomach (SECONDARY) Stomach (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Cape Girardeau Mo
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Symptom
(Signed) E. R. Echorn, M. D.
7-23, 1930 (Address) Jackson, Mo

*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 Fairmount-Century DATE OF BURIAL 8/23 1930
20. UNDERTAKER M. N. Lorberg and Co. ADDRESS Cape Girardeau Mo

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.

