

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

Do not use this space.

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39778

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 1003
City St. Louis (No. 4928.A Magnolia) St. _____ Ward _____

File No. _____
Registered No. 12004
St. _____ Ward _____

2. FULL NAME

Fredericka J. Schaeffer
(a) Residence, No. 4928A Magnolia St. 13 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Frederick J. Schaeffer

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

15. MAIDEN NAME Fredericka Theise

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

17. INFORMANT Bertie Schaeffer
(ADDRESS) 4928A Magnolia

18. BURIAL, CREMATION, OR REMOVAL PLACE Valley Cemetery DATE 12-3 31 19.

19. UNDERTAKER Wm. Schaeffer Mortuaries
(ADDRESS) 4928A Magnolia

20. FILED 550-2137 19. 1911
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30 1931

22. I HEREBY CERTIFY, That I attended deceased from August 1931, to November 20 1931

I last saw h. a. n. alive on November 30, 1931. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Dyonic Gastric Carcinoma Mar 2
46B
175B
162
46B
Other contributory causes of importance:
Inanition 7/11/31
Partial Intestinal Obstruction 10/15/31

Name of operation none Date of _____
What test confirmed diagnosis? Death Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) Chas. S. van der Pelt, M. D.
(Address) 2534 S. Hubbard Ave. St. Louis

WRITE PLAINLY, WITH UNFADING INK---THIS 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.

3534 *Allicandula*