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.

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

Do not use this space.

24347

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4312 Arco av., St. ..... Ward)

File No. ..... Registered No. 6468

2. FULL NAME Sarah Ellen Schaffer,

(a) Residence, No. ..... St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1871-9-25

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	9	18	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 235

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): Granby, Mo.

FATHER

13. NAME: Nat Moore,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Martha Trent,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs. J. Weston 4312 Arco av.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Webb City, Mo. DATE: July 15th, 1932

19. UNDERTAKER (ADDRESS): Robert J. Lumbruster, Inc. Clayton Road at Concordia Lane.

20. FILED: JUL 15 1932, 19 Max C. Stanley, Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 13th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1932, to July 13th, 1932

I last saw her alive on July 12th, 1932. Death is said to have occurred on the date stated above, at 5 a. m.

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

	Date of onset
Myocarditis (Chronic)	1930
131	
130	

131

Other contributory causes of importance: Chronic Interstitial Nephritis

(1)

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

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? .....

If so, specify .....

(Signed) W. H. Freudenstein, M. D.

(Address) 4011 Shoulder Dr.