

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

Do not use this space.

41839

File No. 10927  
Registered No. 10927  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_

Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

City St. Louis (No. City Hospital)

15001

**2. FULL NAME**

(a) Residence, No. 5537 Waterman St. Ward 5

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>60</u>	<u>6</u>	<u>2</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 236

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

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

13. NAME Stephoney Schaeffer

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10

15. MAIDEN NAME Apliona Blatz

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10

17. INFORMANT (ADDRESS) Hospital Registration  
City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Sanct. Burial Park DATE 12-14-1932

19. UNDERTAKER Arthur J. Donnelly and Co (ADDRESS) 2039 Wash St

20. FILED 12-9-32 Wm E. Stankov Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2nd, 1932, to Dec 7th, 1932  
I last saw him alive on Dec. 7th, 1932 Death is said to have occurred on the date stated above, at 5:15 PM  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
82A  
107A  
Other contributory causes of importance: Bronch. pneumonia

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical 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: (D)  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Maxime A. Pieter, M. D.  
(Address) City Hospital

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.

Schaeffer