

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 10W33
City St. Louis (No. 4428 20-37-84)

File No. 7295
Registered No. 1240
St. Ward)

2. FULL NAME

(a) Residence, No. 4429 Dewey St. 15 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 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 Ester Schaefer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-6th 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 3 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofes (car)

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 18 1/2

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

13. NAME Louis Schaefer

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

15. MAIDEN NAME Pauline Tochterman

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

17. INFORMANT (ADDRESS) Ester Schaefer 4429 Dewey

18. BURIAL, CREMATION, OR REMOVAL PLACE Sungel burial DATE Feb. 6th 1933

19. UNDERTAKER (ADDRESS) The Schumacher 3013 Mercader

20. FILED FFB -4 1933 Mar. B. Stadloff Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:30 pm.

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

Haemorrhage of Brain due to laceration of Brain and small basal ganglia following fall at 4428 S. 38th St., St. Louis.

Other contributory causes of importance: Accident

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2/2 1933

Where did injury occur? St. Louis, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall
Nature of injury Haemorrhage of Brain

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Wm. Deane (Address) Albany, Oregon

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.

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