WHITE 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.

APR 25 1934

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. 791 File No. 10450

Township ..... Primary Registration District No. 1003 Registered No. 2258

City St. Louis (No. 6510, West Park Av. St. ..... Ward)

2. FULL NAME Eugene Schaffter

(a) Residence, No. 6510 West Park St., 4 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: 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: Emma Schaffter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 6, 1865

7. AGE: YEARS 69 | MONTHS 1 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City of St. Louis
10. Date deceased last worked at this occupation (month and year): 1 yr ago
11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

FATHER

13. NAME: Sam Schaffter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Emma Schaffter, 6510 West Park Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers Cem DATE 3/5 1934

19. UNDERTAKER (ADDRESS): Croghan Und. Co, 7146 Manchester Ave

20. FILED AT 9 J 1934, 19 J. T. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 2d 11.30 a.m., 1934, to March 2d 6.25 p.m., 1934

I last saw him alive on March 2d, 1934. Death is said to have occurred on the date stated above, at 6.25 p.m.

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

	Date of onset
Chronic Myocarditis	
93C	
77	
93C	

Other contributory causes of importance:
Arterio-sclerosis

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? No

If so, specify .....

(Signed) R. Brent Murphy, M. D.

(Address) 6120 Victoria Ave 1