

SEP 25 1934

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

Do not use this space.

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1. PLACE OF DEATH

96 County St. Louis Registration District No. 1170  
97 Township Central Primary Registration District No. 62484  
7 City Rockmond Ab. (No. St. Mary's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 143

2. FULL NAME

Louis Schaefer  
(a) Residence, No. 5544 Page Ave. S. 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 Mary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1, 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>74</u>	<u>8</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as splines, sawyer, bookkeeper, etc. Retired Real Estate

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

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) Germany

13. NAME Louis Schaefer

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

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Newton J. Bowman (ADDRESS) 1245 Shawmut

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mausoleum DATE Aug 28, 1934

19. UNDERTAKER Arthur L. Field (ADDRESS) 2707 Grand

20. FILED UG 28 1934 Bertrude Porter Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to Aug 26, 1934  
I last saw him alive on Aug 26, 1934 Death is said to have occurred on the date stated above, at 11:40 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chc. Myocarditis  
95A ABC  
Other contributory causes of importance: Total heart block

Name of operation Chc. Myocarditis Date of \_\_\_\_\_  
What test confirmed diagnosis: Chc. Myocarditis 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Wm J. Zangar, Jr. M. D.  
(Address) 5803 Ch. Mount W.

Date of onset 2 yrs.  
3 mo.

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.

WHITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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