

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

Do not use this space.

41524

DEC 22 1934

1. PLACE OF DEATH
 County St. Louis Registration District No. 1120
 Township Condit Primary Registration District No. 67489
 City _____ (No. R.F.D. Melville Mo.) St. _____ Ward _____

File No. _____
 Registered No. 384
 St. _____ Ward _____

2. FULL NAME Herman Schaeffer Sr.
 (a) Residence, No. 61 Highway St. _____ Ward Jefferson Bks Mo.
 (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Augusta</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 2, 1858</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>6</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Himself</u>	
	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) <u>Illinois</u>		
FATHER	13. NAME <u>Kottlieb Schaeffer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Zerwister</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Melville, Mo.</u>	
17. INFORMANT <u>Augusta Schaeffer</u> (ADDRESS) <u>R.F.D. Jeff Bks Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Oskan Cem.</u> DATE <u>Nov. 5</u> , 19 <u>34</u>		
19. UNDERTAKER <u>C. Hoffmeister & Co.</u> (ADDRESS) <u>7804 So. Broadway</u>		
20. FILED <u>11-5</u> , 19 <u>34</u> <u>034</u> <u>Rate M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1st, 1934

22. I HEREBY CERTIFY That I attended deceased from Oct 25, 1934, to Nov 1st, 1934
 I last saw him alive on Nov 1st, 1934 Death is said to have occurred on the date stated above, at 4:25 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
82 yrs
arterio-sclerosis

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? clin 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 waldorf mill
 (Signed) Jeff Bks Mo M. D.
 (Address) Jeff Bks Mo

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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