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.

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

JAN 13 1936

Do not use this space.

File No. 41769

Registered No. 11016

1. PLACE OF DEATH

County ..... Registration District No. 1095

Township ..... Primary Registration District No. 785

City St. Louis, Mo. (No. St. Anthony Hospital St. ..... Ward)

2. FULL NAME Mr. John Schaefer

(a) Residence, No. 3937 Virginia St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 3 mos. 15 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: Mrs. Anna Malecek Schaefer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 11, 1878

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	3	15	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): Dec. 26, 1955

11. Total time (years) spent in this occupation: 40 yrs.

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

FATHER

13. NAME: Nicholas Schaefer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Miss Anita Schaefer 3937 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE Lemay Bur Pk DATE 12-28-35 19

19. UNDERTAKER (ADDRESS): Benderwieder Funeral Home, Inc. 1936 St. Louis Ave.

20. FILED DEC 27 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 23 1935, to December 26 1935

I last saw him alive on December 26 1935. Death is said to have occurred on the date stated above, at 10:45 A.M.

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

	Date of onset
Cerebral Hemorrhage. –	12/23/35
1 J C	

Other contributory causes of importance:

Chronic Myocarditis	5 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? Hemiplegia Was there an autopsy? Yes.

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) Albert Bersbach, M. D.

(Address) 3548 S. Grand Bl.

Dr. Beisvarth
3548 S. Grand
10-12 5-6