JAN 15 1938

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

44808
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85 — 2/1
(b) Township — Primary Registration District No. 1001 — Registered No. 1413
(c) City St. Joseph, — (d) Street No. 1012 Logan St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Adolph A. Schaefer
(a) Residence, No. 1012 Logan St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: n 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 Hazel E. Schaefer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 28, 1879

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	3	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sales Mgr.
9. Industry or business in which work was done, as saw mill, bank, etc. Armour Packing Co.
10. Date deceased last worked at this occupation (month and year) 1936 — 11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo. /

FATHER
13. NAME William Schaefer /
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo. /

MOTHER
15. MAIDEN NAME Adolphine Mentzell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin, Mo.

17. INFORMANT Louis O. Schaefer
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Dec. 28, 1937

19. FUNERAL DIRECTOR Walter Meinkoffer
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 12/28 1937 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 26, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1936, to Dec 26, 1937
I last saw him alive on Dec 26, 1937. Death is said to have occurred on the date stated above, at 8.45 m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insufficiency	unknown

Other contributory causes of importance:

Chronic Hypertension	unknown

Name of operation none Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify —
(Signed) Gustav A. Lau, M. D.
(Address) Kirkpatrick Bldg., St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Wilbur H.Kelly, Licensed Embalmer No. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

Missouri L. E.

No. 3946 or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed. Wilbur H. Kelly

Licensed Embalmer No. 3946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)