

FEB 12 1938

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

400
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis,** (d) Street No. **City Infirmary.** 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Schaffer **160**
(a) Residence, No. **5800 Arsenal St.** St. **13** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **Margaret Schaffer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 25, 1852**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 0 21 1/2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Boiler-Maker**
9. Industry or business in which work was done, as saw mill, bank, etc.
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) **New York.**

FATHER 13. NAME **John Jacob Schaffer.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Margaret LeVay**

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

17. INFORMANT **E. Molony,** (ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL **Buried in** **Jan-30** **1938**

19. FUNERAL DIRECTOR **A. H. McLaughlin** (ADDRESS) **2301 Lafayette Ave.**

20. FILED **JAN 8 1938** **J. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 6, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **January 14, 1937** to **January 6, 1938**

I last saw him alive on **January 6, 1938** Death is said to have occurred on the date stated above, at **1:45 P.M.**
The principal cause of death and related causes of importance were as follows:

Degenerative Heart Disease
Arteriosclerosis, general
Other contributory causes of importance:
Name of operation **None** 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?.....
If so, specify.....
(Signed) **T. R. Young**, M. D.
(Address) **5800 Arsenal**

RECORD OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. MORE should be stated EXACTLY.

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3633

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

..... L. E. No. 3633 or by..... Registered Apprentice No.

working under my personal supervision.

Signed L. R. Cooper
Licensed Embalmer No. 3633

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.)