

REC'D APR 7 1938

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

8895  
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. **St. Anthony's Hosp.** Registered No. **2484**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? **46** yrs. mos. ds.

2. PRINT FULL NAME

**August Schaefer 160**  
(a) Residence, No. **916 Belleve** 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 **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bertha Schaefer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 4 1875**

7. AGE YEARS **63** MONTHS **1** DAYS **87** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **Leather merchant**  
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**

FATHER 13. NAME **Julius Schaefer**

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

MOTHER 15. MAIDEN NAME **Johanna Unknown**

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

17. INFORMANT (ADDRESS) **Eugene Schaefer 461 Oak St. Web. Woods.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mathews** DATE **3-14 1938**

19. FUNERAL DIRECTOR (ADDRESS) **With Boyd + Nlv. 2929 S. Jefferson Av.**

20. FILE **MAR 14 1938** **J. T. Bradack**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 12th 1938**

22. I HEREBY CERTIFY That I attended deceased from **Jan 11**, 19**38**, to **March 11**, 19**38**  
I last saw him alive on **March 11**, 19**38** Death is said to have occurred on the date stated above, at **11:00** a.m.

The principal cause of death and related causes of importance were as follows:  
**Coronary Thrombosis**  
**Coronary Artery Disease**  
**Hypertension**  
Date of onset **3/11/38**

Other contributory causes of importance: **as above**

Name of operation **Clinical** Date of **no**  
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 **Pierce W. Bowers, M. D.**  
(Signed) **2531 So. Jefferson**  
(Address)

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, Paul A. Shanklin

Licensed Embalmer No. 3472

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

L. E.

No. 3472 or by

Registered Apprentice No.

working under my personal supervision.

Signed

Paul A. Shanklin

Licensed Embalmer No. 3472

**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.)**