

REC'D APR 8 1938

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

12053
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 784
(b) Township _____ Primary Registration District No. 123
(c) City JENNINES MO (d) Street No. _____ Registered No. 447
(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 ANNA SCHAEFFER 160
(a) Residence, No. BLADE AND GROVE AV. JENNINES MO St. (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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN P SCHAEFFER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 18 61

7. AGE YEARS 76 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
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) GERMANY

FATHER 13. NAME FRANZ KLEIN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME CAROLINE BARTCH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) MATHILDA KLEIN 2608 CAROLINE STR.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST PETER - PAUL CBM. DATE MARCH 12 1938

19. FUNERAL DIRECTOR (ADDRESS) J. H. GEBKEN L. Y. CO. 2630 GRAVOIS AVE.

20. FILED 3-10 1938 J. R. Munn Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/1/36, 1936 to 3/9/38, 1938

I last saw her alive on 3/9/38, 1938. Death is said to have occurred on the date stated above, at 3 p. m.
The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver

Date of onset 11/38

Other contributory causes of importance: Chr. Hypertension

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 1938
Where did injury occur? none
(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) H. J. Stein MD, M. D.
(Address) 6818 W. Florissant

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. I X12964

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

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

L. E. No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

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.)