

REC'D MAY 6 1938

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

15854
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 111
 (c) City Richmond Hgts. (d) Street No. St. Marys Hospital Registered No. 701
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Daniel Schaeffer 160

(a) Residence, No. 4431 Virginia Ave. 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 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 Helena Schaeffer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February-6-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. Dry Goods
 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) St. Louis, Mo. 0

FATHER 13. NAME John Schaeffer 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 0

MOTHER 15. MAIDEN NAME Magdalin Steck

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

17. INFORMANT Helena-Schaeffer
 (ADDRESS) 4431 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter-Paul DATE April-20- 1938

19. FUNERAL DIRECTOR Wacker-Helderle
 (ADDRESS) 2331 S. Broadway

20. FILED 4-19 1938 G.R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 16th. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1938, to April 16 1938
 I last saw him alive on April 15 1938 Death is said to have occurred on the date stated above, 7.45 A.M.

The principal cause of death and related causes of importance were as follows:
Pneumonia
Staphylococcus Septicemia
129-

Other contributory causes of importance:
Prostate Enlargement ?

Name of operation 2 Stage Prostectomy Date of Mar 7
 What test confirmed diagnosis Pathology 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) W. H. Thayer M. D.
 (Address) 984 Acad. Bldg

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.

96
7
2

STATEMENT BY LICENSED EMBALMER

I, Frank J. Kysand, Licensed Embalmer No. 2645

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Frank J. Kysand
Licensed Embalmer No. 2645

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.)