

MAR 13 1939

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

5090
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. **Luthern Hospital** 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 **17** yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? **35** yrs. - mos. - ds.

2. PRINT FULL NAME

John Schaefer
(a) Residence, No. **2009 California Ave.** St. **23**
(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) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Elizabeth Schaefer**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 24, 1873**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 62 11 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Chauffeur**
9. Industry or business in which work was done, as saw mill, bank, etc. **Brewery Truck**
10. Date deceased last worked at this occupation (month and year) **Jan. 23, 1939** 11. Total time (years) spent in this occupation **35 yrs**
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Waldrohrbach Germany**
13. NAME **Eggert Schaefer**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Waldrohrbach Germany**
15. MAIDEN NAME **Mary - (Unknown)**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Waldrohrbach Germany**
17. INFORMANT (ADDRESS) **Richard O. Schaefer 2746 Chipmunk**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Place** DATE **Feb 24, 1939**
19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Henry L. Weidemüller 6203 Gravois Ave.**
20. FILED **FEB 24 1939 J.P. Brueck Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 21, 1939**
22. I HEREBY CERTIFY, That I attended deceased from **Jan 26, 1939** to **Feb 21, 1939**
I last saw him alive on **Feb 20, 1939** Death is said to have occurred on the date stated above, at **5:10 A.M.**
The principal cause of death and related causes of importance were as follows:
Acute Myocarditis
Other contributory causes of importance:
Coronary Disease Chronic Nephritis Stone in Urter
Name of operation **22** Date of
What test confirmed diagnosis? **autopsy** Was there an autopsy? **yes**
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 **Otto C. Hansen**
(Signed) **3157 1/2 Park Ave.** M. D.
(Address) **Hannover**

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.

Corrected March 1, 1939 by affidavit of Mrs. W. W.

See affidavit # 15-6 in misc file 1989

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W. Wilkerson

Licensed Embalmer No. 3575

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.