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.

REC'D APR 12 1939

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

8421
Do not use this space.

791
1003

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 2186

(c) City ST. LOUIS - (d) Street No. 3207 N. TAYLOR AVE. 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 160 PHILLIP HERMAN SCHAEFER

(a) Residence, No. 3207 N. TAYLOR AVE St. 10
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOSEPHINE SCHAEFER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 28 - 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	77	2	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BAKER
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) ELBERFELD - GERMANY

FATHER
13. NAME ALBERT SCHAEFER 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 6

MOTHER
15. MAIDEN NAME ALVINA SCHELP
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 6

17. INFORMANT (ADDRESS) Mrs. Josephine Schaefer 3207 N. Taylor Ave

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Cremation
PLACE Valhalla Crematory DATE Mar. 8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. M. Schumacher 4834 Natural Bridge

20. FILED MAR 7 1939 J. F. Bichoch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 22, 1939, to March 5th, 1939
I last saw him alive on March 5, 1939. Death is said to have occurred on the date stated above, at 6:25 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	years ago

51

Other contributory causes of importance:
Uremia, Hypertrophied Prostate, Cancerous Varicose Veins

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinically 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? .....
If so, specify .....
(Signed) E. A. Schweninger, M. D.
(Address) 4470 Natural Bridge

(Licensed Embalmer's Statement on Reverse Side)

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 John J Fetter

Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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