

REC'D JUN 12 1939

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

16641  
Do not use this space.

791  
1003

4175

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City..... St. Louis Mo. (d) Street No..... Jewish 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 yrs. mos. 14 ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

236 Irene Wilhalmina Schaefer. (SCHAECHTER)

(a) Residence, No. .... St. NA MARTHASVILLE Mo.  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6th, 1899.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
39 5 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work.  
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) Marthasville Mo.

FATHER 13. NAME Herman Schaefer (SCHAECHTER)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marthasville Mo.

MOTHER 15. MAIDEN NAME Ida Bierbaume.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Mo.

17. INFORMANT (ADDRESS) Harman Schaefer (SCHAECHTER) Marthasville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marthasville Mo. DATE 5/5/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. H. Hoppe Inc. 4700 Washington Ave.

20. FILED 4 1939 19 J. D. Bredbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1939

22. I HEREBY CERTIFY, That I attended deceased from April 18 1939, to May 2 1939  
I last saw her alive on May 2 1939. Death is said to have occurred on the date stated above, at 6:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Embolism (probably coronary) May 2

Other contributory causes of importance: Cholelithiasis Cholecholelithiasis Scholesectomy Scholecholestomy Apr. 29 years

Name of operation Scholecholestomy Date of Apr. 29  
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? 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. Sam A. Lowenstein M. D.  
(Signed) University Club Bldg  
(Address) St. Louis

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.

1-3, U. C.

**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

*J. G. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address: *St. Louis, Mo.*

**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.**