

REC'D JUN 12 1939

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

16991  
Do not use this space.

4525

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) or City St. Louis (d) Street No. 6025 Dewey 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

169 Julia Schaefer  
(a) Residence, No. 6025 Dewey St. 1 (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*) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
48 11 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. at home  
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) Missouri

FATHER 13. NAME John Pieffer

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) William Schaefer  
6025 Dewey

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Cemetery DATE May 17-39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fendler Und. Co.  
7420 Michigan Ave.

20. FILE NO. MAY 17 1939 J. B. Brubaker Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1936, to May 15 1939  
I last saw her alive on May 7 1939. Death is said to have occurred on the date stated above, at 12:40 P.M.  
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation

Date of onset  
5/14/39

Other contributory causes of importance:  
Chronic myocarditis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Durand Benjamin M. D.

(Address) 7408 1/2 Michigan Ave.

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**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.....

*Oliver E. Oswald*

Registered Apprentice No. *186*

working under my personal supervision.

Signed.....

*John Ketter*

Licensed Embalmer No. *3880*

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.**