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

30055
Do not use this space.

REC'D SEP 14 1939

1. PLACE OF DEATH
(a) County St. Charles — Registration District No. 757
(b) Township or City St. Charles — Primary Registration District No. 3036 — Registered No. 120
(c) (d) Street No. ..... 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. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 150 Mary Lois Schaffrin
(a) Residence, No. 500 South 2nd St. St. ☐
(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: female
4. COLOR OR RACE: white
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) Aug 19th/1939
7. AGE: YEARS — MONTHS — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
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) St Charles Mo

FATHER
13. NAME Tom Schaffrin 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hunter Arkansas 0

MOTHER
15. MAIDEN NAME Florence Sparks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis County Mo.

17. INFORMANT (ADDRESS) Tom Schaffrin 500 South 2nd St Charles
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cemetery DATE Aug 20th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Steinbinkers St Charles Mo.
20. FILED Aug 21 1939 Clarence G. Hasler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20th 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 19th 1939, to Aug 20th 1939.
I last saw her alive on Aug 20th 1939. Death is said to have occurred on the date stated above, at 12:40 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Malformation of Large intestine & absence of rectum. 159

Other contributory causes of importance:
Hemorrhagic Infarction of Lungs Thymus & Adrenals.

Name of operation none 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? no 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) A P Erich Schultz, M. D.
(Address) St Charles Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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