

AUG 21 1939  
SEP 7 1939  
Registration District No. 7135Primary Registration District No. 115Registrar's No. 1489

## 1. PLACE OF DEATH:

(a) County St. Louis 2  
 (b) City or town University City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution  
1400 N + S. Road  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 14 days - 5 months - 6 days  
 years, months or days \_\_\_\_\_ (Specify whether \_\_\_\_\_)

## 3. (a) PRINT FULL NAME

8. (b) If veteran, name war \_\_\_\_\_  
 8. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married divorced Widowed  
 6. (b) Name of husband or wife Christina Schrepfer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Mar. 13 1862  
 (Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 6 If less than one day \_\_\_\_\_ hr. min.

9. Birthplace Clayton Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Peter Schrepfer 7

13. Birthplace Switzerland 9  
 (City, town, or county) (State or foreign country)

14. Maiden name Winkmann

15. Birthplace Winkmann  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geo. P. Schrepfer

(b) Address 1400 N + S. Rd. U. City, Mo.

17. (a) Burial (b) Date thereof 8-23-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ev. St. Pauls Church

18. (a) Signature of funeral director Bannerman Bros. Inc.

(b) Address 2504 Woodson St. St. Louis, Mo.

19. (a) AUG 21 1939 (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town University City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1400 N + S. Road  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19  
 year 1939 hour 80 minute 30 a. M.

21. I hereby certify that I attended the deceased from Apr. 17, 1939, to Aug. 19, 1939  
 that I last saw him alive on Aug. 18, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 4 yrs.  
 Duration

Due to Chr. nephritis & hypertension 2 yrs.

Due to Arterio-sclerosis

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 131

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Chas. Hornberger (M., D. or other) \_\_\_\_\_

Address 7745 Olive St. Road Date signed 8/21/39

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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.....

....., 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 complete the above constitutes grounds for revocation of license.)**

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