

Registration District No. 275

Primary Registration District No. 5580

1. PLACE OF DEATH:

(a) County Jefferson County  
(b) City or town Waller East Meramec  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution  
In this community 20 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Annie Schafer

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Oct

(Month)

(Day)

(Year) 11 1884

8. AGE:

Years

Months

Days

If less than one day

54

11

2

hr. min.

9. Birthplace

St Louis

(City, town, or county)

Mo

(State or foreign country)

10. Usual occupation

at home

11. Industry or business

MOTHER FATHER

12. Name

Henry Schafer

13. Birthplace

Germany

(State or foreign country)

14. Maiden name

Mary Conat

15. Birthplace

St Louis

(City, town, or county)

Mo

(State or foreign country)

16. (a) Informant's own signature Thomas M. Sumner

(b) Address 3803 1/2 Fairmount

17. (a) Burial, cremation, or removal

(b) Date thereof 9/16/39

(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Walter Germany

(b) Address 3161 East Fair Ave

19. (a) 17 Sept '39

(b) James A. Torrance

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson  
(c) City or town Waller Park Mo. R1  
(d) Street No. Meramec Wp  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13th  
year 1939 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Aug 18, 1939, to Sept 13, 1939; that I last saw her alive on Sept 13th, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death

Diabetes

Duration

4 yrs

Due to Don't know

Due to 59

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy no

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) no  
(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 W. G. Waller (M. D. or other)

Address Waller Mo Date signed 9-15-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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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 *William G. Buchholz*

Licensed Embalmer No. *2110*

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.**