

NOV 13 1939

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

33933

Do not use this space.

1003

8471

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. ....  
(c) City St. Louis ..... (d) Street No. Desloge 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. — mo. — ds. How long in U.S., if of foreign birth? — yrs. — mo. — ds.

2. PRINT FULL NAME

(a) Residence, No. 1112 St. Ange St. 22 (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 Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/18/39

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min. 8 — — — 8 26

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. Louis Mo.

13. NAME Joseph Schaefer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Illinois

15. MAIDEN NAME Kathryn Pratt

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

17. INFORMANT (ADDRESS) Joseph Schaefer  
1112 St. Ange

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Louis 9-30-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. Ruffin  
3700 Ruffin

20. FILED OCT 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18 1939

22. I HEREBY CERTIFY, That I attended deceased from 12:02 am 8-18-1939, to 8-18-1939

I last saw him alive on 8-18-1939. Death is said to have occurred on the date stated above, at 8:26 a.m.  
The principal cause of death and related causes of importance were as follows:

Prematurity  
154

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
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? .....  
If so, specify .....

(Signed) Joseph M. Prater, M. D.  
(Address) Desloge Hosp.

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.....

Licensed Embalmer No.....

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.**