FILED JUN 22 1940

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

Do not use this space.
18781

1. PLACE OF DEATH
County Jefferson Registration District No. 424
Township Primary Registration District No. 5529
City Morse's Mill No. File No. 138
Registered No.
St. Ward)

2. FULL NAME Oliver J. Schaefler
(a) Residence, No. St. Louis, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1919

7. AGE: Years 20 | Months 2 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Draftsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June 1939
11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER
13. NAME George Schaefler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER
15. MAIDEN NAME Mamie Fuchar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) George Schaefler St. Louis, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis DATE June 28, 1939

19. UNDERTAKER Aubrey R. Collette
(ADDRESS) Crystal City, Mo.

20. FILED June 8 1940 A. H. Easton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1939

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ By holding Inquest June 25, 1939
~~I last saw it~~ ~~alive on~~ ~~19~~ Death is said to have occurred on the date stated above, at 4:15 P.m.
The principal cause of death and related causes of importance were as follows:

Death caused by drowning in Big River at Morse Mill, when boat Capsizes

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? Accident Date of injury June 25, 1939
Where did injury occur? Morse Mill
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
public place
Manner of injury
Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Frank Frazier, Coroner
(Address) Festus, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo-tn.

No. 2B
—2-21-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18784

Registration District No. 424 — Primary Registration District No. 53-79 — Registrar's No. 138

1. PLACE OF DEATH
(a) County: Jefferson
(b) City or town: Big River Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: Oliver J. Schoepler
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S.
6. (b) Name of husband or wife .....
6. (c) Age of husband, or wife, if alive ..... years
7. Birth date of deceased: Apr (Month) 4 (Day) 1919 (Year)

8. AGE: Years 21 | Months 2 | Days 21 | If less than one day: hrs. ..... min.

9. Birthplace ..... (City, town, or county) ..... (State or foreign country)
10. Usual occupation .....
11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....
18. (a) Signature of funeral director .....
(b) Address .....
19. (a) June 8-40 (Date received local registrar) (b) A. H. Eaton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 - year 1940 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations .....
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: Frank Frazer (M. D. or other) Coroner
Address: Festus Mo. Date signed .....

SUPPLEMENTARY