

LED MAR 25 1941 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1303

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3941 N. Florissant Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Nil (Specify whether
In this community 55 years years, months or days)

8. (a) PRINT FULL NAME Abraham Schaefer

8. (b) If veteran, name war Nil 8. (c) Social Security No. 489-14-3418

4. Sex White 5. Color or race Male 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Augusta Schaefer 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug: 22, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 15 hr. min.

9. Birthplace Elberfeld Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Meat Packing Business

12. Name Herman Schaefer

13. Birthplace Unk. Germany
(City, town, or county) (State or foreign country)

14. Maiden name Alvina Schelp

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

16. (a) Informant Augusta Schaefer

(b) Address 3941 N. Florissant Ave.

17. (a) Burial (b) Date thereof 2/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Jud Meyer

(b) Address 3934 N. 20th St.

19. (a) FEB 8 1941 (b) J. H. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1720
(If outside city or town limits, write "RURAL")
(d) Street No. 3941 N. Florissant Ave 9
(If rural, give location)
(e) If foreign born, how long in U. S. A. 55 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1941 hour 3:05 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Feb 3
1941 to Feb 7 1941
that I last saw him alive on Feb 6, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcus infection of left leg.

Due to Varicose ulcers

Due to _____

Other conditions Varicose ulcers
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence No

(c) Where did injury occur? No
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work No (Specify type of place) (e) Means of injury No

23. Signature Paul Bernstorff (M. D. or other)

Address 3941 N. Florissant Date signed 2/7/41

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

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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 Alfred J. Boedeker
Licensed Embalmer No. 2663
P. O. Address 4204 Prairie Ave

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.