

4-13-40
-17-39
K 23159

MAR 25 1941

Registration District No. **791**

Primary Registration District No. **1003**

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

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **621 Wilmington**
(If rural, give location) **0**

(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME **Charles F Schaefer**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, / divorced **Married**

6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **October 17 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71	4	8	
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hr. min.

9. Birthplace **St Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Elevator Operator**

11. Industry or business **Famous-Barr**

12. Name **Louis Schaefer**

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

14. Maiden name **Anna Schewe**

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

16. (a) Informant **Amalia Schaefer**

(b) Address **621 Wilmington**

17. (a) **Burial** (b) Date thereof **Feb 28 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Trinity Luth Cemetery**

18. (a) Signature of funeral director **Reiderwieden Funl Home Inc**

(b) Address **1936 St Louis Ave**

19. (a) **FEB 26 1941** (b) **J. T. Bredsch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **25**
year **1941** hour **12:45** minute **P** M.

21. I hereby certify that I attended the deceased from **NOV. 14. 1940**
to **FEB. 25th 1941**

that I last saw h. **14** alive on **FEB. 25th** and that death occurred on the date and hour stated above.

Immediate cause of death.....

Gastric Cancer

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations **None**

Of autopsy **None**

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)

(c) Means of injury.....

23. Signature **C.E. Stadel** (M. D. or other) **D**

Address **3651 Grant St** Date signed **2/26/41**

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.....

Harold K. Braun

....., Registered Apprentice No. *257*

working under my personal supervision.

Signed

Felix J. Krupin

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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, fact should be so stated above.