No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8188

State File No.

FEB MAR 11 1941

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 290

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

1. PLACE OF DEATH:

(a) County

(b) City or town Richmond Heights, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood, 4 (If outside city or town limits, write "RURAL")

(d) Street No. 1036 No. Woodlawn. 3 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Julius E. Schaeffer.

3. (b) If veteran, name war

3. (c) Social Security No. 488-12-3913

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bertha S. Schaeffer.

6. (c) Age of husband or wife if alive 61. years

7. Birth date of deceased 6 (Month) 2 (Day) 1887 (Year)

8. AGE: Years 53 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Alsace Lorraine France (City, town, or county) (State or foreign country)

10. Usual occupation Florist.

11. Industry or business

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

MOTHER
14. Maiden name Maria B. Ramhofer
15. Birthplace Strausbourgh Germany (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Steitz Schaeffer.

(b) Address 1036 N. Woodlawn.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-8-1941. (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Blvd.

19. (a) FEB - 6 1941 (Date received local registrar) (b) T. R. Meyer M.D. P.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5th. year 1941 hour 5 minute 20P M.

21. I hereby certify that I attended the deceased from Jan 23, 1941, to Feb 5, 1941 that I last saw h 1M alive on Feb 5, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Hypertensive Cardio-vascular disease	1 year
Due to Uremia	?
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Quentin M. Taine (M. D. or other) 9

Address Kirkwood, Mo. Date signed 2/6/41

(Licensed Embalmer's Statement on Reverse Side)

3-4
207 N. Kirkwood
Kirkwood - #35.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.