

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Rs 1221  
at 129 514  
793 15945  
State File No. \_\_\_\_\_

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 776

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Moline  
(c) Name of hospital or institution: Halls Perry Memorial Hospital  
(d) Length of stay: In hospital or institution 15 Days  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME HERMAN SCHAFF  
3. (b) If veteran, name war ---- 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 13 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months - Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Rope Maker

11. Industry or business Retired 2 Years

12. Name Joseph Schaff

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

14. Maiden name Regina Pilskin

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

16. (a) Informant Bernard Hermann  
(b) Address 4119 Schiller Pl.

17. (a) Burial (b) Date thereof Apr. 11 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. H. Kubben Rev. & Und. Co.

(b) Address 2630 Gravois Ave.

19. (a) APR 10 1941 (b) J. A. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 3702 Palm St.  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 7th  
year 1941 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from Mar 10  
\_\_\_\_\_ 1941 to April 7 1941  
that I last saw him alive on \_\_\_\_\_ 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of throat  
Primary tongue  
Due to Primary tongue  
Other conditions \_\_\_\_\_  
(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 \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(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 J. S. Shaw (M. D. or other) \_\_\_\_\_  
Address 4932 - Maryland Date signed 4-8-41

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..... Me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120  
2842 Meramec St.  
P. O. Address..... St. Louis, Missouri

**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.**