No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 20346 5158

Registration District No. 791 Primary Registration District No. Registrar's No.

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

0 19

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4208a Maffitt Ave. (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 Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 117
(d) Street No. 4208a Maffitt (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Mary Schaiper
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 24, 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	9	29	hr. min.

9. Birthplace Waterloo, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Peter Sauer
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Schifferdecker
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Katherine Schaiper
(b) Address 4208a Maffitt Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/41 (Month) (Day) (Year)
(c) Place: burial or cremation Waterloo, Ill.
18. (a) Signature of funeral director Sullivan
(b) Address 2849 N. Euclid Avenue.
19. (a) JUN 24 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1941 hour 2 minute 30pm A.M.
21. I hereby certify that I attended the deceased from Oct 21 1937 to June 23 1941 that I last saw her alive on June 22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Congestion	5
Due to	
Due to Chronic Arthritis	
Other conditions Obesity (Include pregnancy within 3 months of death)	

Major findings:
Of operations X
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 E. A. Schwinninger (M. D. or other)
Address 4470 Natural Bridge Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. E.A. Schweninger
4470 Natl Bridge

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.....Albert Muffield

Licensed Embalmer No.....3077

P. O. Address.....

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

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