

Registration District No. 761

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 23 Days  
In this community 0 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1012a Victor St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30,  
year 1941 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from June  
7, 1941, to June 30, 1941,  
that I last saw him alive on June 30, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Pulmonary Tuberculosis

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death) 1st

Major findings:  
Of operations.....  
Of autopsy none

Duration.....  
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?.....

23. Signature [Signature] (Specify type of place) (City or town) (County) (State)  
While at work?..... (e) Means of injury.....  
Address 195 Lafayette Ave. Date signed 6/30/41

3. (a) PRINT FULL NAME Claude Schaffner  
3. (b) If veteran, name war no 3. (c) Social Security No. 490-03-2161

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Helen Schaffner 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased March 2, 1902  
(Month) (Day) (Year)

8. AGE: Years 39 Months 3 Days 28 If less than one day hr. min.

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

10. Usual occupation Show Worker

11. Industry or business.....

MOTHER FATHER } 12. Name Scott King Schaffner  
13. Birthplace Don't Know (City, town, or county) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Schaffner  
(b) Address 1012a Victor St.

17. (a) Burial (b) Date thereof July 3, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co.  
(b) Address 2201 S. Grand Bl.

19. (a) JUL 1 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

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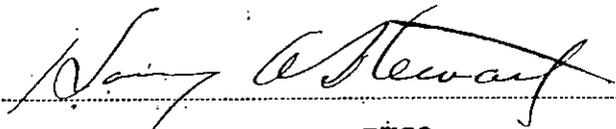
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No...3722.....

P. O. Address...412 Duchouquette St.....

**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.**