

No. 2
-1-4-41
5-17-39
X24

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 **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **De Paul 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 **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5544 Page Blvd.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Schaefer**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed?**
6. (b) Name of husband or wife **Louis Schaefer**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 3 1864**
(Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **19**
If less than one day _____ hr. _____ min.

9. Birthplace **Grand Rapids Mich.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Joseph Rienfried**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **N. J. Newman**
(b) Address **1224 Shawmut Pl.**

17. (a) **Intombment** (b) Date thereof **12-24-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Masoleum**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **2501 28th Union Blvd.**

19. (a) _____ (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **22**
year **1941** hour **4** minute **10** A.M.

21. I hereby certify that I attended the deceased from **12/10** 19**41** to **12/22** 19**41**
that I last saw him alive on **12/22/41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac Failure (Ventricular Fibrillation)**
Due to **General arteriosclerosis**
Cardiac decompensation
Due to **Chronic Myocarditis**
& auricular fibrillation
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration
1 day
4 hrs
4 hrs

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 **M. L. Mistachuk** (M. D. or other) _____
Address **1054 N. Ring Highway** Date signed **12/27/41**

1259 W. Kingsbury
106 129 466
Fo. 6442

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 Walter A. Carver
Licensed Embalmer No. 3534
P. O. Address.....

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.