V. S. No. 2
50M—9-4-41
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 801

Registrar's No. 925

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

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2607 Caroline St
(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 MISSOURI (b) County 000
(c) City or town ST. LOUIS 22 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2607 CAROLINE ST 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EUGENIA KRATZERT SCHAEFER,
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW 2
6. (b) Name of husband or wife PHILIP SCHAEFER.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB. (Month) 4 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	11	24	hr. min.

9. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business OWN
FATHER
12. Name UNK. HUCK. 4
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name BEATRICE
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
16. (a) Informant Eugene Schaefer
(b) Address 2607 Caroline St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 31 1942 (Month) (Day) (Year)
(c) Place: burial or cremation NEW SSP. & P. CEM.
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av
19. (a) JAN 30 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 28
year 1942 hour 11 minute 55 pM.
21. I hereby certify that I attended the deceased from Jan 16 42 Jan 29 1942
that I last saw him alive on Jan 28 1942
and that death occurred on the date and hour stated above.
Immediate cause of death: [illegible]
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other) M.D.
Address 1446 S Grand Date Jan 30/42

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

Jos B Vollmer, Registered Apprentice No. .....,

working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.