

FILED JUN 22 1942 791

Registration District No.

Primary Registration District No. **1003**

06
17
9
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:
1820 A Victor Str
(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) **1**

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. **1820 A Victor Str.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

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

3. (b) If veteran, name war. **No** 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 **John Schaefer** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Unknown about 1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 87 Unknown hr. min.

9. Birthplace **Bohemia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Joseph Schejbal**

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

14. Maiden name **Marie Drda**

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

16. (a) Informant **Charles Schaefer**

(b) Address **1820 A Victor Str.**

17. (a) **Burial** (b) Date thereof **6/13/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker**

18. (a) Signature of funeral director **Wm. E. Moydell**

(b) Address **1926 Allen Ave.**

19. (a) **JUN 12 1942** (b) **J. F. Budell**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10**
year **1942** hour **2** minute **P.** M.

21. I hereby certify that I attended the deceased from **8-10**
19**42** to **6-10** 19**42**
that I last saw her alive on **6-10** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary thrombosis 3 hrs

Due to.....

Due to.....

Other conditions **Semely**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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?

While at work? (Specify type of place)

(c) Means of injury.....

23. Signature **J. F. Budell** (M. D. or other)

Address **1803 Berkeley** Date signed **10/10/42**

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

Bey. I. Duman

Licensed Embalmer No. *2222*

P. O. Address: *1726 Allen*

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.