

S. No. 2  
M-9-4-41  
v. 5-17-39  
X29484

23090

DEPARTMENT OF COMMERCE.  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 14 1942 791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 6549

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days.  
(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 (If outside city or town limits, write "RURAL") 17  
(d) Street No. 3521a McKean (If rural, give location) 9/6  
(e) Citizen of foreign country? No. (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPHINE SCHAEFER.

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frank Schaefer 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased November 11 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 8 21 hr. min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mike Zeng  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Miller  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Schaefer

(b) Address 3521a McKean Ave., St. Louis

17. (a) burial (b) Date thereof 8-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Weick Bros. UndGcs.

(b) Address 2201 So. Grand Blvd.

19. (a) AUG 3 1942 J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd,  
year 1942 hour 7:40 minute A. M.

21. I hereby certify that I attended the deceased from 7/31, 1942, to 8/2, 1942;  
that I last saw her alive on 8/1, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage cerebral Duration 3 days

Due to Hypertension, Arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 85 2nd

Major findings: Of operations 00  
Of autopsy No

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify place) (e) Means of injury 0

23. Signature J. F. Bredeck (M. D. or other) \_\_\_\_\_  
Address St. Louis, City 403 P. 104 Date signed 8/3/42

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

00  
17  
9

**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 Clarence H. Murray  
Licensed Embalmer No. 4011  
P. O. Address St. Louis,

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

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