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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1

Registration District No. 22

Primary Registration District No. 220

Registrar's No. 2020

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8528 Kathleen Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Gardenville
(If outside city or town limits, write "RURAL")
(d) Street No. 8528 Kathleen Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JULIUS J. SCHAEFER
(b) If veteran, name war no
(c) Social Security No. 489-07-4628

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 28
year 1942 hour 5 minute 30 A.M.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Ruth Schaefer
(c) Age of husband or wife if alive dec. years
7. Birth date of deceased: 12 (Month) 23 (Day) 1883 (Year)

21. I hereby certify that I attended the deceased from July 20th - 1942 to Sept 28 1942
that I last saw him alive on Sept 26th 1942
and that death occurred on the date and hour stated above

8. AGE: Years 58 Months 9 Days 5
If less than one day hr. _____ min. _____

Immediate cause of death Myocarditis
Duration ?

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Ass't American Car & Foundry Co
11. Industry or business _____

Due to Arterio Sclerosis 10 yrs
& Hypertension

Due to Chronic Parenchymatous Nephritis

Other conditions Apoplexy 2 years ago
(include pregnancy within 3 months of death)

MOTHER FATHER
12. Name Unknown
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown

Major findings:
Of operations _____
Of autopsy 131
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. M. Salonka
(b) Address 8528 Kathleen Ave
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-30-1942
(Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

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)

18. (a) Signature of funeral director Alexander + Sons
(b) 6175 Delmar Blvd
19. (a) SEP 29 1942 (Date received local registrar) (b) E. J. McFarland (Registrar's signature)

While at work? _____ (Specify type of place) Means of injury _____
23. Signature Henry P. Gaul (M. D. or other) H.P.
Address 2905 Cherokee Date signed _____

MC

John Henry W. Brown
2905 Cherokee LA 345-0

Tomorrow morning between 8-9 A.M. Only
" 172

SEP 4

1944

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 Joseph E. McCulloch
Licensed Embalmer No. 2460

P. O. Address 6175 Delmar Bl

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.

Joseph E. McCulloch
201 25 1120