S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35870

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9179

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: 4918a Bonita Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis
(c) City or town Gardenville NR
(If outside city or town limits, write "RURAL")
(d) Street No. 4761 Heidelberg
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Bertha Schaefer

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Kasper Schaefer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 8 (Day) 1859 (Year)

8. AGE: Years 82 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Baden (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Herr
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Marie Schaefer
(b) Address 4918a Bonita Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director John L. Ziegenhein & Son
(b) Address 7027 Gravois Ave.

19. (a) NOV 4 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2nd year 1942 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct 7 1, 1942 to Nov 2, 1942 that I last saw he alive on Nov 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Myocardial failure, Chronic
Partial gangrene of foot
Due to
Marked Arteriosclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 G. H. Schaefer (M. D.)
Address 5401 Gravois Date signed 11-2-42

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois.

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.