

U.S. No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **965**

**FILED FEB 9 1943**  
Registration District No. **318**

Primary Registration District No. **1002**

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:  
**5342 GERALDINE Ave 1**  
(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 \_\_\_\_\_  
(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5342 GERALDINE**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ROBERT ELMER SCHAFER**  
(b) If veteran, name war **No**  
(c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan** day **29**  
year **1943** hour **4** minute **00** P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **SINGLE**  
6. (b) Name of husband or wife **JUNE 20, 1941** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **JUNE 20, 1941**  
(Month) (Day) (Year)

Immediate cause of death **Status Lymphaticus**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**1 7 9** hr. min.  
9. Birthplace **ST. LOUIS MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **NIL**  
11. Industry or business \_\_\_\_\_  
12. Name **JOHN SCHAFER**  
13. Birthplace **ROMANIA** 6  
(City, town, or county) (State or foreign country)  
14. Maiden name **MARY KUSTRA**  
15. Birthplace **OKLAHOMA**  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **John Schaffer**  
(b) Address **5342 GERALDINE**  
17. (a) **Burial** (b) Date thereof **Feb 1, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **New St. Peter's Paul**  
18. (a) Signature of funeral director **Truck Bros**  
(b) Address **2201 S. Grand**  
19. (a) **JAN 30 1943** (b) **J. F. Brudeck**  
(Date received local Registrar's signature) (Registrar's signature)

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)  
Means of injury \_\_\_\_\_  
23. Signature **Thomas F. Callahan** (M. D. or other) \_\_\_\_\_  
Address **Deputy Coroner** Date signed **1-30-43**

**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 *Samy A. Stewart*

Licensed Embalmer No. 3722

P. O. Address. 412 Bushonguit

**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.**