

APR 23 1943 318

Registration District No. 318 Primary Registration District No. Registrar's No. 3494

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5408 S. Compton Av.
(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 Mo. (b) County 12

(c) City or town St. Louis 9 15
(If outside city or town limits, write "RURAL")

(d) Street No. 5408 S. Compton Av.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Herman L. Schaefer

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1943 hour 7 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 married

6. (b) Name of husband or wife Emma E. Schaefer 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April 15 1861
(Month) (Day) (Year)

Immediate cause of death
Re-marriage due to gun shot wound of abdomen
Due to self inflicted in his home 4-18-43

Due to _____

Other conditions (Include pregnancy within 3 months of death) 164

8. AGE: Years Months Days If less than one day

81 11 28 hr. _____ min.

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

10. Usual occupation Retired Insurance Bus

11. Industry or business _____

12. Name John Schaefer

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

14. Maiden name Christine Breitenstein

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Emma E. Schaefer

(b) Address 5408 S. Compton Av.

17. (a) Cremation (b) Date thereof 4-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Witt Bro. L & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) APR 14 1943 (b) J.P. [Signature]
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 4-13-43

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)

(e) Means of injury 3

23. Signature Thomas F. Callahan (M., D. or other) _____
Address Deputy Coroner Date signed 4-14-43

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

MOTHER FATHER

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.....

Gustav Dieterle

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

working under my personal supervision.

Signed.....

Edgar F. Witt

Licensed Embalmer No.....

2117

P. O. Address.....

2929 S. Jefferson

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.