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5-17-39
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16555

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAY 18 1943 818

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 4303

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:
4948a Sutherland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 9 14
(If outside city or town limits, write "RURAL")

(d) Street No. 4948a Sutherland
(If rural, give location)

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

3. (a) PRINT FULL NAME Arthur Carl Schaefer

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Christine Bergmann Schaefer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 17th 1894
(Month) (Day) (Year)

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

<u>48</u>	<u>4</u>	<u>20</u>	hr. _____ min. _____
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9. Birthplace Columbia Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Life Insurance

12. Name William Schaefer

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

14. Maiden name Minnie Lepp

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

16. (a) Informant Mrs. Christine Schaefer

(b) Address 4948a Sutherland

17. (a) Burial (b) Date thereof May 10, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc

(b) Address 1936 St. Louis

19. (a) MAY 10 1943 (b) J. F. Budack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1943 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 30, 1943, to May 3, 1943, that I last saw him alive on May 6, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 week

Due to _____

Due to _____

Other conditions None
(Includes pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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) no

(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) (e) Means of injury _____

23. Signature D. P. H. Koch (M. D. or other) 0
Address 811 S. P. Ward Date signed 5-7-43

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

MOTHER FATHER

Dr. Lux H. Bock
3115 S. Grand
3-4- & 7-8

Dr. Lux Bock
3115 So. Grand

3-4

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..... *Delid J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address..... *1936 St Louis*

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.