

FILED JUN 12 1943

Registration District No. 217 Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County LeMay Missouri.

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

(c) Name of hospital or institution: _____
(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 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____

(c) City or town LeMay Missouri.
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route # 8 Box 292
(If rural, give location)

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

3. (a) PRINT FULL NAME Billie Rose Schaefer.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single.

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

7. Birth date of deceased October 11th, 1924.
(Month) (Day) (Year)

8. AGE: 18 Years 7 Months 22 Days If less than one day hr. _____ min.

9. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Mehlville High School.

11. Industry or business _____

MOTHER FATHER { 12. Name Albert C. Schaefer

13. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name ROSE Pfeiffer

15. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Albert C. Schaefer

(b) Address Rural Route # 8 Box 292 LeMay Mo.

17. (a) Burial (b) Date thereof June 7, 1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Semetary

18. (a) Signature of funeral director Zogersheim Bros.

(b) Address 6409 Gravois Ave.

19. (a) JUN 7 1943 (b) C. V. McIlroy, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd.
year 1943. hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 13, 1943, to June 3, 1943
that I last saw her alive on June 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to Rheumatic Arthritis

Due to _____
Other conditions Nephritis - acute parenchymatous
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
Several years
Several years
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. Louis Schuchat (M. D. or other) _____

Address 2200 Chouteau av Date signed 6-4-43

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 6409 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.