

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 25 1943

Registration District No.

Primary Registration District No. 6076

Registrar's No. 1207

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
8227 Gravois
(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)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town Affton
(If outside city or town limits, write "RURAL")

(d) Street No. 8227 Gravois
(If rural, give location)

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

3. (a) PRINT FULL NAME Valentine Schaeffer

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

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

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

7. Birth date of deceased July 10, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>10</u> hr. min.

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

10. Usual occupation At home

11. Industry or business.....

12. Name Valentine Schaeffer

13. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Schaeffer

(b) Address 8631 Virgil

17. (a) burial (b) Date thereof 5/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) MAY 24 1943 (b) E. S. McGowan MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1943 hour 8:10 minute 20 P.

21. I hereby certify that I attended the deceased from.....
..... 1941 to May 20, 1943
that I last saw him alive on May 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endo-carditis. Valvular en-largement.

Due to.....
Due to.....

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

Major findings:
Of operations..... grd

Of autopsy.....

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 Harren Heyenga (M. D. or other)
Address 6639 S. Kings Highway Date signed 5/28/43

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

MOTHER FATHER

OP
GPPPI
admission
to the
state of Hawaii

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 L. P. Kidwell
Licensed Embalmer No. 3877
P. O. Address 7027 Hawaii

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.