S. No. 2
M—5-42
5-17-39
I X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19993

Registrar's No. 6095

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: 4139 W. Florissant 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 10

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 5407 N. Kingshighway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

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

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Pauline Schaefer

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

7. Birth date of deceased September (Month) 29, (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	9	4	hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Gustave Schaefer
13. Birthplace - - (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Bertha Heger
15. Birthplace - - (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Stella Church
(b) Address 5407 N. Kingshighway

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof July 5, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Calvin F. Feutz Funeral
(b) Address 4828 Natural Bridge Blvd. Home

19. (a) (Date received local registrar) JUL 5 1943 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2, year 1943 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from March, 1940, to July 2, 1943; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary disease — Duration 5 months

Due to Degenerative Myocarditis

Due to

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

Major findings:
Of operations —
Of autopsy —

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? — (Specify type of place)

While at work? (e) Means of injury

23. Signature F. R. Finnegan (M. D. or other) M.D.
Address Humboldt Bldg Date signed July 3/43

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1943

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 John A. Mlinar, Registered Apprentice No. ....., working under my personal supervision.

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. L. Mo.

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.