S. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22492

FILED JUN 18 1943

Local Registration District No. 17

Primary Registration District No. 3063

Registrar's No. 1410

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

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

(d) Street No. 917 S. 6th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elmo Schaeffer

3. (b) If veteran, name war None

3. (c) Social Security No. 488-12-8541

4. Sex Male

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 Mar (Month) 19 (Day) 1921 (Year)

8. AGE: Years 22 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business International Shoe Co.,

MOTHER FATHER

12. Name Clemence Schaeffer,

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

14. Maiden name Adelia Honerkamp

15. Birthplace St. Charles (City, town, or county) Mo (State or foreign country)

16. (a) Informant Miss Geneva Schaeffer

(b) Address 917 S. 6th St. St. Charles Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Mo

18. (a) Signature of funeral director Dallmeyer Und. Co.

(b) Address St. Charles, Mo.

19. (a) JUN 18 1943 (Date received by registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 15 year 1943 hour 9:00 minute A M.

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

Immediate cause of death Injuries received while riding as a passenger in an automobile that collided with

Due to a truck on a public highway,

Due to Multiple skull fractures; Contusions of brain; Acute

Other conditions purulent meningitis;
(Include pregnancy within 3 months of death)

Acute bronchopneumonia.

Major findings:
Of operations

Of autopsy Yes.

Duration

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) Accident 096

(b) Date of occurrence June 7, 1943

(c) Where did injury occur? Highway 40 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? (e) Means of injury

23. Signature John M. Meier (M. D. or coroner)

Address Kirkwood, Mo. 6-16-43. Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**