No. 3
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5-17-39
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FILED AUG 10 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25920

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 132

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: 3121 North Fifth St.
(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) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92 9

(c) City or town St. Charles 3
(If outside city or town limits, write "RURAL")

(d) Street No. 312 N. Fifth St.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Leonard C. Schafer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of ~~husband or~~ wife Nettie (Angert) Schafer

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August (Month) 27 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	25	..... hr. ..... min.

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

10. Usual occupation Real Estate

11. Industry or business .....

FATHER
12. Name William N. Schafer
13. Birthplace St. Charles (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Catherine Connoyer
15. Birthplace St. Charles (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Nettie Schaefer

(b) Address 312 N. Fifth, St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26-1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Borromeo Cem.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 7/23/1943 (Date received local registrar) (b) Ernst E. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 22 year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 16, 1942 to July 22, 1943 that I last saw him alive on July 21, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 2 days

Due to Cerebral Apoplexy — ?

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 0

23. Signature [signature] (M. D. or other) .....

Address [signature] Date signed 7-24-43

1340

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK — PERMANENT RECORD

MAR 9 1954

SEP 19 1951

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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

Registration District No. 318 Primary Registration District No. 3058 Registrar's No. 132

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town St Charles
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Leonard C. Schafer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 27 1870
(Month) (Day) (Year)

8. AGE: Years 12 Months 10 Days 25 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1943 hour minute 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.

	Duration
Immediate cause of death Uremia Chronic Nephritis	7
Due to Cerebral apoplexy arteriosclerosis	1
Due to	
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 131 b

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 J. M. J. [illegible] (M. D. or other)
Address Date signed

APR 7 1944

S-25920