

FILED OCT 6 1944
Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **8272**

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:
3641 Fillmore 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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3641 Fillmore St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William H. Schaefer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 25th day September
year 1944 hour 7:40 minute P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 70 years

21. I hereby certify that I attended the deceased from June 4, 1944 to Sept 24, 1944, that I last saw him alive on Sept. 24, 1944 and that death occurred on the date and hour stated above.

7. Birth date of deceased: December 24th, 1875
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis
Due to _____

8. AGE: 68 Years Months 9 Days 1 If less than one day hr. _____ min. _____

Due to _____
Other conditions: none
(Include pregnancy within 3 months of death)

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

Major findings: none
Of operations _____

10. Usual occupation: Metal Fabricator

Of autopsy: none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name: Edward Schaefer

13. Birthplace: Canada
(City, town, or county) (State or foreign country)

14. Maiden name: Emma Fishback

15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Bertha Schaefer

(b) Address: 3641 Fillmore St

17. (a) Burial (b) Date thereof: 9-28-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lakewood Park Cemetery

18. (a) Signature of funeral director: Wm. Schumacher

(b) Address: 3013 Meramec St

19. (a) SEP 28 1944 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

Write at work? no (Specify type of place)

(e) Means of injury: _____

23. Signature: Joseph S. Vitt (M. D. certifying)

Address: 3805 S. Broadway Date signed: 27/12/44

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

MOTHER FATHER

Dr. R. S. West
3803 S. Broadway
9 10 12 a.m.

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..... *Francis A. Williamson*

Licensed Embalmer No..... *3565*

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.