

FILED NOV 13 1944
Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7236 Natural Bridge Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community ?
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Normandy 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 7236 Natural Bridge Blvd.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5th
year 1944 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from January 3
1942 to Oct 23 1944
that I last saw him alive on Oct 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage

Due to Hypertension, arteriosclerosis 4 yrs.

Due to Chronic Nephritis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1 3/4 hr
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?

While at work? _____ (Specify type of place)
(e) Means of injury 2

Signature Harold S. Storrman (M. D. or other) D.O.
Address 1505 Maple Ave Date signed 11/7/44

3. (a) PRINT FULL NAME Fred M. Schafer

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Minnie L. Schafer 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased December 26, 1869.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 9 hr. min.

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

10. Usual occupation Retired - Custodian

11. Industry or business

12. Name Frederich Schafer

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

14. Maiden name Caroline Frank

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

16. (a) Informant Miss Myrtle Schafer

(b) Address 7236 Natural Bridge Blvd.

17. (a) Burial (b) Date thereof Nov. 8, 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Galvin F. Reutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) NOV 8 1944 (b) E. J. McClauran M.D.
(Date received local registrar) (Registrar's signature) Critic

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

16
200

1005 Berger Ave
10-11-68

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 A. Mlinar
Licensed Embalmer No. 4186
P. O. Address St. Louis 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.