

FILED NOV 30 1944

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9755**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2837 South Jefferson
(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 St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2837 South Jefferson
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Thomas Schaeffer

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theresa E. Schaeffer 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: Jan 20 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation: Barber

11. Industry or business

12. Name: Dominic Schaeffer
13. Birthplace: Unknown France
(City, town, or county) (State or foreign country)
14. Maiden name: Annette Bour
15. Birthplace: Unknown France
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Theresa E. Schaeffer
(b) Address: 2837 South Jefferson

17. (a) Burial (b) Date thereof: 11/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Old SS. Peter & Paul

18. (a) Signature of funeral director: Wm. J. Robert L. & Co.
(b) Address: 1905 South Grand Blvd.

19. (a) NOV 18 1944 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1944 hour 12 minute 37 AM.

21. I hereby certify that I attended the deceased from Nov 15, 1944, to Nov. 17, 1944
that I last saw him alive on Nov. 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coriary failure Duration _____

Due to: Carcinoma Liver & Metastases about 10 mos

Due to: _____

Other conditions: Ch. Perthes's Spine
(Include pregnancy within 3 months of death) Ch. Myocarditis

Major findings: Of operations _____

Of autopsy: _____

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: ⊖

23. Signature: Dr. Leo P. Young (M. D. or other) _____
Address: 2621 S. Jefferson Date signed: 11/17/44

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

MOTHER FATHER

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

Howard A. Rowland

Licensed Embalmer No.

3114

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.