S. No. 2
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I X35697

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

FILED AUG 24 1945

State File No. 26115

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7067

1. PLACE OF DEATH:

(a) County St.Louis

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

(c) Name of hospital or institution: Alexian Brothers Hospital (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St.Louis

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Brother Alphonse John Schruefer

3. (b) If veteran, name war No

3. (c) Social Security No. No

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 August (Month) 9 (Day) 1871 (Year)

8. AGE: Years 74 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Teacher

11. Industry or business Maryhurst Normal

FATHER 12. Name George Schruefer

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

MOTHER 14. Maiden name Catherine Prell

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

16. (a) Informant Bro.Joseph Duvensteter

(b) Address Maryhurst Normal,Kirkwood,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug.13,45 (Month) (Day) (Year)

(c) Place: burial or cremation Maryhurst Cemetery,Kirkwood

18. (a) Signature of funeral director C.Hoffmeister U&L.Mo.

(b) Address 7814 S.Broadway

19. (a) AUG 12 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1945 hour 8 minute 12 P.M.

21. I hereby certify that I attended the deceased from Feb. 7, 1941 to, 19..; that I last saw him alive on Aug. 10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Myocarditis Ch. Hypertension — Duration

Due to Arteriosclerosis — Duration

Other conditions (Include pregnancy within 3 months of death) — Duration

Major findings: Of operations

Of autopsy None

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

Address 5899 Delmar Date signed 8/12/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hayden Delman
5899 Delman
Cab. 7201
2478

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

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.