

S. No. 2
1-3-13
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39742

State File No.

Registrar's No.

11051

FILED DEC 28 1945
318

Primary Registration District No. 1003

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

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:
3505 University 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 Mo (b) County St Louis

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

(d) Street No. 3505 University St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lena M Schaefer

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 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 Nov 9 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 1 7 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name William Schaefer

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

14. Maiden name Emilie Schaefer

15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Dell Peterson

(b) Address 3505 University St

17. (a) Burial (b) Date thereof 12-19-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picke rs

18. (a) Signature of funeral director A. Kron & Co

(b) DEC 27 1945 Grand Blvd

19. (a) _____ (b) J. T. Bredet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1945 hour 7 minute 00 a.m.

21. I hereby certify that I attended the deceased from Mar. 13 1943 to Dec 16 1945
that I last saw her alive on Dec 14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease
Myocarditis several 4 years

Due to Arteriosclerosis years

Due to also chronic endocarditis years

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

92

Duration

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 _____

23. Signature J. T. Bredet (M. D. or other) _____
Address 215 7th N. Anderson Ave Date signed 12-17-45

(Licensed Embalmer's Statement on Reverse Side)

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Arthur A. Smithers

Licensed Embalmer No. 3916

P. O. Address 2626th Union St

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.