

Registration District No. ....

Primary Registration District No. 6676

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1516 Valle Ave., /  
(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 96  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1516 Valle Ave., /  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Bernard Schaefermeyer.

3. (b) If veteran, name war No

3. (c) Social Security No. 489-10-2951

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Schaefermeyer 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Dec. 27, 1884  
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Core-maker

11. Industry or business Fulton Iron Co.

MOTHER FATHER { 12. Name Stephan Schaefermeyer  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Schaefermeyer /  
(b) Address 1516 Valle Ave.,

17. (a) Burial (b) Date thereof Jan. 21/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) 1-22-46 (b) E. B. M. Garrison  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18  
year 1946 hour 11.15 minute A.M. M.

21. I hereby certify that I attended the deceased from Jan. 13, 1946 to Jan. 18, 1946; that I last saw him alive on 1/18, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Apoplexy)  
Basal  
Circle of Willis Area  
Hemoplegia Complete Left 5 days  
Due to Cerebral Arterio Sclerosis ?

Other conditions 83  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy No

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? None  
(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 E. B. M. Garrison (M. D. or other) \_\_\_\_\_  
Address 3718 Jennings Rd Date signed \_\_\_\_\_

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

6  
0  
0

2172

2446

Dr. L.B. Tiernon  
3718 Jennings Road  
Pine Lawn, Mo.

EV. 1968

1-6

JAN 29 1968

**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..... *Alfred J. Baedeker* .....

Licensed Embalmer No..... 2663 .....

P. O. Address..... 1125 Hodiamont Ave., .....

**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.**