

FILED MAR 15 1946

Registration District No. **318**

Primary Registration District No. **1002**

1594

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City Hospital - 3
(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 _____
(c) City or town ST. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4134 Burgen Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES M. SCHAEFER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Leona A. 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased August 24 1905
(Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 2 If less than one day
hr. _____ min. _____

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

10. Usual occupation Chauffeur

11. Industry or business Public Service Co.

12. Name George E. Schaefer

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

14. Maiden name Elizabeth Weber

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

16. (a) Informant Leona A. Schaefer

(b) Address 4134 Burgen Ave.

17. (a) Burial (b) Date thereof 3/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Gelken-Burg Mortuary

(b) Address 2842 Meramec St.

19. (a) FEB 28 1946 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26th
year 1946 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion
Coronary Sclerosis
Due to _____
Due to _____
Other conditions 9/4
(Include pregnancy within 3 months of death)

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)
(c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 2/28/46

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 *Loren E. Percy*.....

Licensed Embalmer No. *4094*.....

P. O. Address. *2842 Meramec 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.