

FILED MAR 30 1946
318
Registration District No.

Primary Registration District No. 1003

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:
2517 BURD AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St. Louis (If outside city or town limits, write "RURAL.")
(d) Street No. 2517 BURD (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME EDWARD H. SCHAEFER

3. (b) If veteran, name war. 3. (c) Social Security No. 496-14-6739

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

6. (b) Name of husband or wife. Mary Koehler
6. (c) Age of husband or wife if alive. 68 years

7. Birth date of deceased. October 10 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 5 12 hr. min.

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

10. Usual occupation. Clerk
Linn Meat Co.

11. Industry or business. Linn Meat Co.

12. Name Henry, Schaefer

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

14. Maiden name. Unknown

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

16. (a) Informant. Mary Schaefer
(b) Address. 2517 Burd

17. (a) Burial (b) Date thereof. March 25 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Laurel Hill Cemetery
18. (a) Signature of funeral director. Beiderwieden F.H., Inc.
(b) Address. 1936 St. Louis Ave.

19. (a) MAR 29 1946 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 22
year 1946 hour 4 minute 5.0 P.M.

21. I hereby certify that I attended the deceased from Oct 14 1943
....., 19....., to 21 March, 1946;
that I last saw him alive on 21 March, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration 3 wks

Due to Arteriosclerotic heart disease

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Christina B. Vorwan (M. D. or other)
Address 539 N Grand Date signed 3/29/46

WRITE PLAINLY—USE UNFADING-BLACK INK—MAKE A PERMANENT RECORD
40531

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..... *Max L. Dwyer*

Licensed Embalmer No. *4170*

P. O. Address..... *5325 Itaska 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.