

FILED MAY 10 1946  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

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:  
**Missouri Pacific Hospital, 0**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **21 Days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Luther James Shafer**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **Unknown**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ann Anthony Shafer**

6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **July 13 1865**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>80</b>	<b>9</b>	<b>14</b>	hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Peter Shafer**

13. Birthplace **Newark Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Louisa Febach**

15. Birthplace **Lexington Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A. G. Miles**

(b) Address **Buckner, Mo.**

17. (a) **Burial** (b) Date thereof **4-30-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Buckner, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **APR 29 1946** (b) **J. Z. Bredbeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Buckner**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **27**  
 year **1946** hour **9** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **April 6**  
**1946** to **April 26, 1946**  
 that I last saw him alive on **April 26, 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**  
**Urinary**

Due to **Carcinoma, Bladder**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **52**

PHYSICIAN

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

Signature **Edward D. Campbell**  
(Physician's name)

Address **1755 S Grand** Date signed **4-27-46**

JUN 4 1906

**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..... *E. Mrs. R. Padwell* .....  
Licensed Embalmer No..... *4077* .....

P. O. Address.....

**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.**