

State File No. 18861

FILED MAY 27 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4364

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town (If outside city or town limits, write "RURAL" and name of township) St. Louis  
(c) Name of hospital or institution City Hospital  
(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

3. (a) PRINT Henry C. Schaeffer  
FULL NAME

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

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased June 20th. 1860  
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Gasconade MO. (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Gustav Schaeffer Germany

13. Birthplace Germany (State or foreign country)

14. Maiden name Minnie Otte Jhant Germany

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

16. (a) Informant Mr. Harry Lang

(b) Address 1485 Stewart Place.

17. (a) Burial (b) Date thereof 5/17/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Sullivan Funeral Dir

(b) Address 2849 North Euclid Ave.

19. (a) (b) J. F. Bradeck  
(Date recorded) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 1485 Stewart Place.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th.  
year 1946 hour 5.30 minute A. M.

21. I hereby certify that I attended the deceased from 19 to 19  
that I last saw him alive on 19  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension 3 fracture of left femur suffered when he fell while in the street at the 18th Street station on May 13, 1946 at about 10:00 P.M.

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) Accident

(b) Date of occurrence May 13 1946

(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? Union Station

(Specify type of place)

While at work? (e) Means of injury

23. Signature of physician J. F. Bradeck (M.D. or other) Date signed 5/15/46

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

1-7733

*Coroner's Office*

AUG 22 1949

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.....  
.....  
working under my personal supervision.

Registered Apprentice No.....  
Signed *Robert L. Brinkman*  
Licensed Embalmer No. *3553*

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.