

No. 2
-5-43
-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35573**
Registrar's No. **8481**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution **Christian Hospital**
(d) Length of stay: **2 hours**
In this community **85 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **917**
(d) Street No. **5807 Vivian Ave.**
(e) Citizen of foreign country? **0**

3. (a) PRINT FULL NAME **Mrs. Louise Schaefering**
3. (b) If veteran, none name war **none**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **30th.**
year **1946** hour **9:30 PM.** minute **0** M.
21. I hereby certify that I attended the deceased from **8:31.46**
that I last saw her alive on **9.30.** 19 **46**
and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **late August Schaefering**
6. (c) Age of husband or wife if alive **11** years

Immediate cause of death **Myocardial Infarction** Duration

7. Birth date of deceased **September 11 1861**
(Month) (Day) (Year)

Due to **Myocardial Infarction**

8. AGE: Years **85** Months **0** Days **19**
If less than one day hr. min.

Due to **Myocardial Infarction**

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

Other conditions **None**
(Include pregnancy within 3 months of death)

10. Usual occupation **Housework**
11. Industry or business **unknown**
12. Name **unknown**
13. Birthplace **unknown**
14. Maiden name **unknown**
15. Birthplace **unknown**

Major findings: **None**
Of operations **None**
Of autopsy **None**

MOTHER FATHER

16. (a) Informant **William Schaefering**
(b) Address **5807 Vivian Ave.**
17. (a) **Burial** (b) Date thereof **10-3-46**
(c) Place: burial or cremation **Hiram Cemetery**
18. (a) Signature of funeral director **Hy. Leidner U. Co.**
(b) Address **2223 St. Louis Ave.**
19. (a) **OCT 2** (b) **1946**
(Date received from Registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature **Eugene J. Phillip** (M. D. or other) **MD**
Address **2739 N. Grand** Date signed **10.2.46**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *John P. Beechholz*
Licensed Embalmer No. *1674*
P. O. Address *2223 St. Louis 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.