

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1453**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **St. Charles**
(c) Name of hospital or institution: **State Hospital #2**
(d) Length of stay: In hospital or institution **9 yrs 7 mos 2 days**
In this community **9 yrs-7 mos-2 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **St. Charles City Mo**
(d) Street No. **909 E 16th St**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME

Joe Schaffer

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 **Lena** 6. (c) Age of husband or wife if married **60 yrs**
7. Birth date of deceased **About July 60 yrs**

8. AGE: Years **About 60** Months **5** Days **?** If less than one day **hr. 1 min.**

9. Birthplace **Russia**

10. Usual occupation **Salesman**

11. Industry or business **Wholesale parts**

12. Name **Joe Schaffer**
13. Birthplace **Russia**

14. Maiden name **Sarah Vigeant**
15. Birthplace **Russia**

16. (a) Informant **Sarah Nudisgum**
(b) Address **909 E 16th St, St. Charles, Mo**

17. (a) Burial, cremation, or removal **Burial** (b) Date thereof **12-22-46**
(c) Place: burial or cremation **Deafield Cemetery**

18. (a) Signature of funeral director **W. J. ...**
(b) Address **St. Charles, Mo**

19. (a) **12-21-46** (b) **W. L. Jenkins**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **20** year **1946** hour **7** minute **30** P. M.

21. I hereby certify that I attended the deceased from **12/20** 19 **46** to **12/29** 19 **46**
that I last saw him **alive** on **12/29** and that death occurred on the date and hour stated above.
Immediate cause of death **Muscarditis of the lungs**
Pyelonephritis
Nephritis

Due to **---**
Due to **---**
Other conditions **---**

PHYSICIAN

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? **---**
(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 **W. L. Jenkins** Date signed **12/20/46**

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.....

Francis J. Walter....., Registered Apprentice No. *2744*
working under my personal supervision.

Signed *J. H. Danner*.....
Licensed Embalmer No. *2744*
P. O. Address *K.P. Mo.*.....

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.