

No. 2  
12-45  
-17-39  
X47070

**FILED MAR 14 1947**  
378

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

**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:  
8564 Park Lane  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether)

In this community \_\_\_\_\_  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 8564 Park Lane  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Alfred G. Schaefering

3. (b) If veteran, name was None 3. (c) Social Security No. 494-09-2616

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

6. (b) Name of husband or wife A. Schaefering nee Quernheim 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased October 7, 1881  
(Month) (Day) (Year)

**8. AGE:** Years Months Days 24 If less than one day  
65 4 28 hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Office Manager

11. Industry or business Rice Stix Co.

12. Name Henry W. Schaefering

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Gauding

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

16. (a) Informant Vernon E. Schaefering

(b) Address 8564 Park Lane

17. (a) Burial (b) Date thereof 3/5/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
 (b) Address 2161 East Fair Ave

19. (a) Mar 6 1947 (b) J. J. Bredack  
(Date registered) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month March day 1,  
 year 1947 hour 5:00 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 26 1947 to Mar 1 1947  
 that I last saw him alive on Feb 26 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Acute Coronary Infection  
Coronary Occlusion 1 mo.

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) JH

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? \_\_\_\_\_ (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)  
 Means of injury 0  
 23. Signature Betty P Smith (M. D. or other) \_\_\_\_\_  
 Address 4570 Clarence Ave Date signed Mar 2 1947

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

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

**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..... *Herford V. Burnley* .....  
Licensed Embalmer No. *4208* .....  
P. O. Address..... *H. P. Lewis, 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.**