

FILED NOV 3 1947  
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USING 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..... **1915 John Ave.**  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

(c) City or town..... **St. Louis** **17**  
(If outside city or town limits, write "RURAL")

(d) Street No..... **1915 John A ve.** **7**  
(If rural, give location) **0**

(e) Citizen of foreign country?..... **no** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... **Christina Schaefer**

3. (b) If veteran, name war..... **none**

3. (c) Social Security No. .... **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Oct.** day..... **21**  
year..... **1947** hour..... **1** minute..... **35** p.m.

4. Sex..... **Female** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widow 2**

6. (b) Name of husband or wife..... **Deceased** 6. (c) Age of husband or wife if alive..... **13** years **1865**

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

21. I hereby certify that I attended the deceased from..... **Sept. 22 47** to..... **Oct. 21 47**  
that I last saw her alive on..... **Oct. 21 47**  
and that death occurred on the date and hour stated above. **Duration**

8. AGE:

Years	Months	Days	If less than one day
<b>82</b>	<b>2</b>	<b>8</b>	.....hr. ....min.

Immediate cause of death..... **Chronic myocarditis**

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

Due to..... **93**

10. Usual occupation..... **at home**

Other conditions.....  
(Include pregnancy within 3 months of death)

11. Industry or business.....

MOTHER FATHER { 12. Name..... **August Wiese**

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

14. Maiden name..... **Caroline Busse**

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

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

Underline the cause of which death should be charged statistically.

16. (a) Informant..... **Mrs. Amanda Niemeyer**

(b) Address..... **1915 John Ave.**

22. If death was due to external causes, fill in the following:

17. (a) Burial..... (b) Date thereof..... **10-24-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New Bethlehem Cem.**

(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?.....  
(Specify type of place)

18. (a) Signature of funeral director..... **Math. Hermann & Son**

(b) Address..... **2161 E. Fair Ave.**

19. (a) **OCT-23 1947** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

While at work..... (Specify type of place)

Means of injury..... **Neurotoxic**

23. Signature..... **Neurotoxic Westernman M.D.**  
Address..... **2136 East Grand Ave** Date signed..... **10-22-47**

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**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.

Signed *Custar W. Rutledge* Registered Apprentice No. ....

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.