

National Office of Vital Statistics  
FILED JAN 16 1948

State File No. ....

Registration District No. **318**Primary Registration District No. **1003**Registrar's No. **91**

## 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: **CITY SANITARIUM**  
 (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 FULL NAME **CHARLES P. SCHAFER**

3. (b) If veteran, name war: **1st World War**  
 3. (c) Social Security No. **490-01-1469**

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Married**  
 6. (b) Name of husband or wife: **Martha** 6. (c) Age of husband or wife if alive: **59** years  
 7. Birth date of deceased: **Aug. 4 1887**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**60 4 28** hr. min

9. Birthplace: **Kirkwood Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Shoemaker**  
 11. Industry or business: **Rice-O'Neil Shoe Co.**

12. Name: **Christ Schafer**  
 13. Birthplace: **St. Louis Mo.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: **Elizabeth Orlander**  
 15. Birthplace: **Germany**  
 (City, town, or county) (State or foreign country)

16. (a) Informant: **Martha Schafer**  
 (b) Address: **3626 Lawn Ave.**  
 17. (a) **Burial** (b) Date thereof: **1-6-48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: **Resurrection Cem.**

18. (c) Signature of funeral director: **Kriegshauser Und. Co.**  
 (b) Address: **4228 So. Kingshighway Bl.**

19. (a) **JAN 5 1948** (b) **J. J. Orlander**  
 (Date received for registration) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo.** (b) County.....  
 (c) City or town: **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: **3626 Lawn Ave.**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **2**  
 year **1948** hour **5:50** minute..... P. 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: **Patent Pneumonia**  
**Fracturing of left femur suffered**  
**when decedent fell to the floor**  
**in driveway H-3 at the City**  
**Sanitarium on Nov. 29, 1947**  
 Due to: **at about 1:10 PM**

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

Major findings:  
 Of operations: **10/11**

Of autopsy: **1/11**

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

(a) Accident, suicide, or homicide (specify): **Accident**  
 (b) Date of occurrence: **Jan 29 1948**  
 (c) Where did injury occur?: **St Louis Mo.**  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**City of St. Louis**  
 Specify type of place

While at work? **Go above**  
 Means of injury: **Patent Pneumonia**  
 23. Signatures: **Patent Pneumonia**  
 (Name of physician) (Date of death)  
 Address: **1300 Clark** Date signed: **1-5-48**

*[Handwritten mark]*

*[Handwritten mark]*

JAN 30 1948

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 Edwin M. Bennett

Licensed Embalmer No. 3024

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.