No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 3038
Registrar's No. 607

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5344 Lindenwood 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 000
(b) County:
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 5344 Lindenwood Ave. 3
(If rural, give location)
(e) Citizen of foreign country? 14 (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME: Mary Schafler
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Female /
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Henry Shafler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: August 17, 1861 (Month) (Day) (Year)

8. AGE: Years 86 | Months 5 | Days 2 | If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: at home
11. Industry or business:
FATHER
12. Name: Don't Know 9
13. Birthplace: Don't Know / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Don't Know
15. Birthplace: Don't Know 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. B. Hess
(b) Address: 5344 Lindenwood Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation: SS Peter & Paul Cemetery
18. (a) Signature of funeral director: Weick Bro. Und. Co.
(b) Address: 2201 S. Grand Bl.
19. (a) JAN 21 1948 (Date received local registrar) (b) J. F. Breden (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 19 year 1947 hour 7 minute 15 P.M.
21. I hereby certify that I attended the deceased from Feb 1940 to Jany 11 1948 that I last saw he alive on Jany 18 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Ch Myocarditis | 8 yrs. |
| Due to: Hypertension | 8 yr. |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: | |

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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)
While at work? (e) Means of injury: 0
23. Signature: (M. D. or other)
Address: 910 Chestnut Date signed: 1/20/48
L. W. Roder

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

## 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 Felix J. Kirspin

Licensed Embalmer No. 3497

P. O. Address 2201 S. Grand

**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.**