No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1948

Registration District No. 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 11039

Registrar's No. 781

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 5011a Jamieson Ave. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Caroline (Carrie) Drese

3. (b) If veteran, name war None

3. (c) Social Security No. None 2

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Arthur

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. (Month) 16 (Day) 1868 (Year)

8. AGE: Years 79 Months 5 Days 8 If less than one day hr. min.

9. Birthplace New Athens (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

FATHER
12. Name George Phillip Schaeffer
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Arthur Drese
(b) Address 5011a Jamieson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) 3-25-48 (Date received local registrar) (b) Conley Sharp MD (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1948 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from March 19th, 1948, to March 24, 1948 that I last saw him alive on March 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration

Due to 93d

Due to

Other conditions Chr Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. M. Jausen (M. D.)
Address Manchester Mo. Date signed 3/24/48.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Richard Jones
445 Longfellow

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.