DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23988

Registration District No. 310 Primary Registration District No. ~~3058~~ 6051 Registrar's No. 152

1. PLACE OF DEATH:
(a) County Stb Charles
(b) City or town St Charles Rural Rt # 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: One Week St Joseph /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Week (Specify whether
In this community 78 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Charles 92
(c) City or town Rural Rt 2 St Charles Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emelie Schaefer
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife William Schaefer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 8 1868 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	11	20	hr. min.

9. Birthplace St Charles (City, town, or county) County (State or foreign country)
10. Usual occupation House keeper
11. Industry or business Home
FATHER
12. Name Christian Meinershagen
13. Birthplace Augusta (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Louise Berlekamp
15. Birthplace St Charles (City, town, or county) Co (State or foreign country)
16. (a) Informant William Schaefer
(b) Address Rt 2 St Charles Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Hackmann Bros
(b) Address St Charles Mo
19. (a) Aug 2-48 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1948 hour minute M.
21. I hereby certify that I attended the deceased from 7/18/48, 19, to 7/28, 1948
that I last saw her alive on 7/28/48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Hepatitis - secondary to choleopto duodenal fistula -	
Due to	
Due to 126	
Other conditions Intestinal obstruction (Include pregnancy within 3 months of death) due to Gall stone -	
Major findings: Of operations Choleopto duodenal fistula, intestinal obstruction	
Of autopsy Same	

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 V. A. Schneider (M. D. or other) MD
Address St Charles, Mo Date signed 7/30/48

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1948
RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 9 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

Frederic H. Bane, Registered Apprentice No. - 510

working under my personal supervision.

Signed William C. Bane

Licensed Embalmer No. 3155

P. O. Address St Charles M

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

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