

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

FILED OCT 9 1948

State File No.

Registration District No.

318

Primary Registration District No.

100

Registrar's No.

8483

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 Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 days
(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
(If outside city or town limits, write "RURAL")
 (d) Street No. 3336a Pennsylvania
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Arthur Schaefer

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-03-6339

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louise 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. 31 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 8 27 _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Bottler, Falstaff Brewery

11. Industry or business Falstaff

12. Name Mathew

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

14. Maiden name Julia Schmitt

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

16. (a) Informant Louise Schaefer

(b) Address 3336a Pennsylvania

17. (a) burial (b) Date thereof oct fri 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial

18. (a) Signature of funeral director Wm Schumacher

(b) Address 3001 Meramec St.

19. (a) SEP 30 1948 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
 year 1948 hour 6 minute 40 P M.

21. I hereby certify that I attended the deceased from September 11th, 1948, to Sept 28, 1948;
 that I last saw him alive on Sept 28, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma generalized

Due to _____
 Due to _____

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

Major findings: _____
 Of operations _____

Of autopsy Lymphosarcoma - generalized exact type not yet determined

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? _____

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

23. Signature Joseph J. Muenster (M.D. or other)

Address 1115 Lafayette Date signed 9/28/48

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 Francis Helliomow

Licensed Embalmer No. 3565

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.