S. No. 300
M—10-47
v. 5-17-39
Bo I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38610

Registrar's No. 10109

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:
6019 Louisiana Ave.
(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

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 6019 Louisiana Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bertha B. Schaefer

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 Married

6. (b) Name of husband or wife William A.

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased October 27 (Month) 1896 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	-0-	23	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John A. Pachl
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Brozinow
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant William A. Schaefer
(b) Address 6019 Louisiana Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/48 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) NOV 22 1948 (Date received local registrar) (b) J. B. Lacata (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20th year 1948 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 9-20, 1948 to 11-20, 1948 that I last saw h alive on 11-19-48, 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Paralysis	
from Cerebral hemorrhage	1 yr
Due to hypertension	
Due to	
Other conditions Anemia, (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 L. H. Murray (M. D. or other)

Address 635-A-Russell Blvd. Date signed 11-22-48

(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 me, Registered Apprentice No. , working under my personal supervision.

Signed Joe B. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St. St. Louis, 18 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.