

S. No. 300
M-10-47
v. 5-17-39
W-1 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

38611
State File No. _____
9729
Registrar's No. _____

FILED NOV 19 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
7143 Alabama
(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 Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7143 Alabama Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Schaefer
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 6
year 1948 hour 1 minute 00 P.A.M.
21. I hereby certify that I attended the deceased from 25 1948 to Nov 6 1948
that I last saw him alive on Nov. 3 1948
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

4. Sex Male 5. Color or race White 6. (e) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Nov. 24 1867
(Month) (Day) (Year)

Due to Chronic myocarditis Arteriosclerosis
Other conditions Serum
(Include pregnancy within 6 months of death)
Major findings: 95
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
80 11 12 hr. min.

9. Birthplace Keokuk Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business _____

12. Name George Schaefer Sr.

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

14. Maiden name Mary Venture

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

16. (a) Informant Nellie Schaefer

(b) Address 7143 Alabama Ave.

17. (a) Burial (b) Date thereof 11-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director JOS. P. FENDLER, JR. FUNERAL HOME

(b) Address 7128 Michigan Ave.

19. (a) NOV 6 (b) J. B. Schaefer
(Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (3) Means of injury _____
23. Signature Wm C. Ruppert (M. D. or other) _____
Address 7702 _____ Date signed 11/8/48

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 *Clarence P. Chow*

Licensed Embalmer No. *3093*

P. O. Address *17128 Michigan*

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.