

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031249

STATE FILE NUMBER

FILED AUG 22 1958 Registration District No. 317 Primary Registration District No. 543 Registrar's No. 2140

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Jennings</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Jennings</b> <b>4138</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>2100 Sexauer Lane</b>   |                                  | Length of stay in 1b<br><b>1 year</b>   | d. STREET ADDRESS (If outside, give location)<br><b>2100 Sexauer Lane</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ANNA</b> Middle <b>K</b> Last <b>SCHAEFER</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>16</b> Year <b>1958</b>   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 7, 1873</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Homemaker</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b>   | 9. AGE (In years last birthday)<br><b>85</b><br>IF UNDER 1 YEAR: Months Days<br>IF UNDER 24 HRS: Hours Min.  |
| 11. BIRTHPLACE (City and state or country)<br><b>Germany 4</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |
| 13a. FATHER'S NAME<br><b>--- Mahret</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>unknown</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Fred Schaefer (Deceased)</b>   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT Address<br><b>Mrs. Emmett Walton, 2100 Sexauer Avenue</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardiac Rink. k. vascular disease</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>d. disease</b><br>DUE TO (c) <b>442X</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 7/2 T</b>  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2   |                                  |   |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour Month Day, Year<br>a.m. p.m.  |                                  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |
| 21. attended the deceased from <b>1952</b> to <b>1958</b> and last saw her/him alive on <b>8/12/58</b><br>Death occurred at <b>5:00 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |  |
| 22a. SIGNATURE<br><b>J. Ansonell M.D.</b> (Degree or title)   |                                  | 22b. ADDRESS<br><b>8321 N. B'dway</b>   | 22c. DATE SIGNED   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>Aug 19 1958</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Friedens Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Missouri</b>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Math Hermann &amp; Son, Inc., 2161 E. Fair</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>8-16-58</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Dekeet P. Donke M.D.</b>   |

All diagnoses in Part I must be causally related.

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

**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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Allen W. Katz* .....  
Licensed Embalmer No. *5737* .....  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.