

BALTIMORE CITY HEALTH DEPARTMENT  
 CERTIFICATE OF DEATH

Registered No. 52 2051

BIRTH NO. 5-160  
3781

1. NAME OF DECEASED (Type or Print) <b>WILLIAM HENRY SCHAEFER</b>		2. DATE OF DEATH <b>April 5, 1958</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
8. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write BURIAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>46</b> Yrs. Mon. Days		D. STREET ADDRESS (If rural, give location) <b>620 Edgewood St.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 29, 1887</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>lawyer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>	9. AGE (In years; last birthday) Months; Days; Hours; Min. <b>70</b>
11. BIRTHPLACE (State or foreign country) <b>Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Louis Schaefer</b>		14. MOTHER'S MAIDEN NAME <b>Emma Foss</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs. Tululu I. Schaefer - 620 Edgewood St</b>

18. <b>420.11</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>immed.</b>
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Coronary Atherosclerosis</b>		<b>6 yrs.</b>
DUE TO (B)		
<b>Hypertensive Arteriosclerotic C.V. Dis.</b>		<b>15 yrs.</b>
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	19A. DATE OF OPERATION <b>0</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) ( <del>this hospital</del> ) attended the deceased from <b>Sept</b> 19 <b>48</b> to <b>19</b> <b>58</b> , that (I) ( <del>we</del> ) last saw the deceased alive on <b>March 5</b> 19 <b>58</b> , and that death occurred at <b>2:15 a.m.</b> from the causes and on the date stated above.			
23A. SIGNATURE <b>Lesley A. Hall</b>	23B. ADDRESS <b>1039 St Paul St</b>	23C. DATE SIGNED <b>4/7/58</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>4/8/58</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Western Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY <b>APR 7 - 1958</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Wm. J. Tucker &amp; Sons</b>	ADDRESS <b>Baltimore, Md.</b>

THIS IS A PERMANENT RECORD. PLEASE TYPE, OR WRITE WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN. Every item of information should be carefully supplied. Physicians; please write the causes of death clearly and legibly. THIS CERTIFICATE MUST BE FILED WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER DEATH. MEDICAL CERTIFICATION