

1 PLACE OF DEATH

(Dist. 15246
To be inserted by Registrar)

New York State Department of Health

33125

DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
STATE OF NEW YORK

County Essex
Town or Village or City Saranac Lake

(No. General Hospital Registered No. 27 St. 1 Ward 1)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Berman Schaefer

(Usual Residence No. (Usual place of abode) St. 1 Ward 1)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. / ds. Now long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6 IF MARRIED, WIDOWED OR DIVORCED, HUSBAND OR (LAST) WIFE OR 6 DATE OF BIRTH July 4th, 1877
7 AGE Years 42 Months 3 Days 12 If LESS than 1 day, how many hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Ball player
(b) General nature of industry, business, or establishment in which employed (or employer) New York Ball Club
(c) Name of employer Chicago
9 BIRTHPLACE (City or Town) Ill
(State or Country)

10 NAME OF FATHER Charles A. Schaefer
11 BIRTHPLACE OF FATHER (City or Town) Germany
(State or Country)
12 MAIDEN NAME OF MOTHER Sophia Schottlander
13 BIRTHPLACE OF MOTHER (City or Town) Saransk
(State or Country)

14 I HEREBY CERTIFY TO THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE
Miss Ethel Harrison
(Address) New York
5/16, 1919 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH May 16th, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 16th, 1919, to May 16th, 1919, that I last saw him alive on May 16th, 1919, and that death occurred on the date stated above, at 9:20 A.M.
The CAUSE OF DEATH * was as follows:

Pulmonary tuberculosis

? (Duration) yrs. mos. ds.

CONTRIBUTORY Heroinage
(SECONDARY) (Duration) yrs. mos. ds.

18B Where was disease contracted, if not at place of death? -

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? -

(Signed) John A. Farrell, M. D.
May 16th, 1919 (Address) Saranac Lake, N.Y.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chicago Ill DATE OF BURIAL May 1919

20 UNDERTAKER Stucky Saranac Lake

Permit issued by Dr. Harrison

Date of Issue 5/16/19