

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

38539

**1. PLACE OF DEATH**

County.....  
Township.....  
City St Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. 5408 Bartmer Ave)

File No.....  
Registered No. 11218  
St..... Ward.....

**2. FULL NAME**

Oliva B. Schum

(a) Residence. No. 5408 Bartmer St., 5 Ward.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>54</u>	<u>0</u>	<u>7</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Infy. mineral water  
(b) General nature of industry, business, or establishment in which employed (or employer) water  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Richard Schum

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Frances Kernan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Mo.

14. INFORMANT Lee J. Schum  
(Address) 5408 Bartmer

15. FILED 15 1927 Maub Starsoff  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1927

17. I HEREBY CERTIFY, That I attended deceased from 12-7 1927, to 19-27 1927, that I last saw h. alive on 12-14 1927, and that death occurred, on the date stated above, at 5P.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocardial degeneration  
Heart 927  
(duration) 10 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) 900  
(duration) - yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED.....  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) Olney A. Hubbs M. D.  
11/15, 1927 (Address) 1466 Maryland

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem. DATE OF BURIAL Dec 16 1927

20. UNDERTAKER Mullen and Co ADDRESS 5765 Delmar St

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

