Coroner

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

Do not use this space.
38880

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis (No. 2644 Chippewa St. ..... Ward)

File No.....
Registered No. 11619

2. FULL NAME Carrie L Schaum

(a) Residence. No. 2644 Chippewa St., 24 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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Schaum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 4-1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
43	9	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Self

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

PARENTS

10. NAME OF FATHER Frank Emmeneggar
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Carrie ——
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Louis Schaum
(Address) 2644 Chippewa St Louis Mo

15. FILED DEC 27 1927 Max C Starcoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-25 1927

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...
that I last saw her alive on ..... 19..., and that death occurred, on the date stated above, at 7 00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Burns 1st
Extensive
Burning by furnace fire
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Whether traumatic or non accidental ascertained later

18. WHERE WAS DISEASE CONTRACTED No Burning Bldg
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. Nitt, M. D
12-27 1927 (Address) Coroner

*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 Valhalla Mausoleum
DATE OF BURIAL 12-28 1927

20. UNDERTAKER Weick Bros 2201 So Grand Blvd
ADDRESS

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.