

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

Do not use this space.

21772

1. PLACE OF DEATH

County **ST. LOUIS**
Township **JARONDELLT**
City **St. Louis Co.**

Registration District No. **1183**
Primary Registration District No. **6248 A**
No. **314** **Little Broadway** St. **Ward**

File No. **206**
Registered No. **206**

2. FULL NAME

Albert M. Schum
(a) Residence. No. **314 Little Broadway** St. **Ward**
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar. 22. 1881**

7. AGE YEARS **47** MONTHS **3** DAYS **-** IF LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Stationary Fireman**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Ind.**
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER **Joseph Schum.**

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

12. MAIDEN NAME OF MOTHER **Mary Gillis**

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

14. INFORMANT **Mary Hoernchenmeyer**
(Address) **314 Little Broadway**

15. **June 22. 28** L. C. Obrock M. D.
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **6/22** 19 **28**

17. I HEREBY CERTIFY, That I attended deceased from **6/21 7: PM** to **6/21 28 7: PM**
that I last saw him alive on **6/21** 19 **28** and that death occurred, on the date stated above, at **7:20 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

cerebral haemorrhage
(apoplexy)
headache (duration) yrs. mos. da.

CONTRIBUTORY **acute arteriosclerosis**
(SECONDARY) (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF **-**

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? **Regueon**
(Signed) **Walter Hays** M. D.
, 19 (Address) **453 1/2 A Ave**

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Peter & Paul** DATE OF BURIAL **June 26, 1928**

20. UNDERTAKER **Funeral Home Co** ADDRESS **7819 Main St.**

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.

