

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

Do not use this space.

40649

PLACE OF DEATH St Louis Registration District No. 1123
 County Carroll Primary Registration District No. COAR F
 Township Carroll City St. Louis (No. 1123)
 2. FULL NAME Peter Schumacher
 (a) Residence. No. 1474 Angelita St., Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 58 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 417
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Nov-31-1892
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 1 9

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired coffee Merchant
 (c) Name of employer

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

10. NAME OF FATHER Martin Schumacher
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Sophia Burkhardt
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Mrs. R.W. Suedmeyer
 (Address) #24 Angelita

15. FILED Dec 22 1930 L. C. Brock
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-20 1930
 17. I HEREBY CERTIFY, That I attended deceased from 12-11 1930, to 12-20 1930
 that I last saw him alive on 12-20 1930, and that death occurred, on the date stated above, at 1 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
T.B.
93A
21A

(duration) yrs. mos. ds.
 CONTRIBUTORY T.B. Meningitis
 (SECONDARY)
 (duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED Home
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? No DATE OF no
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS Charles H. Ebers M. D.
 (Signed) Charles H. Ebers M. D.
 (Address) 9101 So Broadway

*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 Cabary Cem DATE OF BURIAL Dec 23 1930

20. UNDERTAKER Suedmeyer & Son ADDRESS 3934 1/2

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.

MAILED 22 1930

