

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

Do not use this space.

3659

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 5800, Arsenal St. Ward)

File No.
Registered No. 895

2. FULL NAME

Peter Schurmann
(a) Residence. No. 5800 Arsenal St. X3 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How 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 (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 20, 1836

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>94</u>	<u>10</u>	<u>21</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labourer 237
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY) 26

10. NAME OF FATHER Peter Schurmann

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

12. MAIDEN NAME OF MOTHER Catherine Huber

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

14. INFORMANT Mrs Effinger (Address) City of St. Louis

15. FILED 23 1931 St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-11-1931

17. I HEREBY CERTIFY, That I attended deceased from 12-14-1920, to 1-11-1931, that I last saw him alive on 1-11-1931, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis + Hypostatic pneumonia #103
93C
97 (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 11B severity + arteriosclerosis (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St. Louis

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Blood pressure + auscultation
(Signed) Chas. S. Hunter, M. D.

. 19 (Address) St. Louis City Hospital

*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 DATE OF BURIAL

St. Louis 4 1-17 1931

20. UNDERTAKER ADDRESS

Walter Richter 3500 Rutger 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.

