

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

Do not use this space.

22997

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No. Diagnoses Hospital)  
 Registered No. 6439  
 St. .... Ward)

**2. FULL NAME**

Anna M. Schumacher  
 (a) Residence. No. .... St. .... Ward. Belleview Ills.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 10 ds. - How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1st 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
54 2 9

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House Wife 1935  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Belleview  
 (STATE OR COUNTRY) Ills.

PARENTS  
 10. NAME OF FATHER August Schumacher  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany Ills.  
 12. MAIDEN NAME OF MOTHER Augusta Falter  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Geo. Schumacher  
 (Address) Belleview Ills.

15. FILED 7 1931 W. J. Starkey  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10th. 1931

17. I HEREBY CERTIFY, That I attended deceased from May 25th, 1931, to June 8th, 1931, that I last saw her alive on June 8th, 1931, and that death occurred, on the date stated above, at 10:20 a. m.

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

48 (duration) ? yrs. ? mos. ? ds.

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

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

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF June 4th 1931  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) A. R. Sheffer, M. D.  
 , 19 (Address) 1020 Mrs. Blythe

\*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 Valley Hill Belleview Ills. DATE OF BURIAL June 1931

20. UNDERTAKER Site Gardner ADDRESS Belleview Ills.

CAUSE OF DEATH in plain terms, so that it may be properly

