

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **781**

Township.....

Primary Registration District No. **1008**

City **St. Louis**

(No. **Lutheran Hospital**)

26919

File No.

Registered No. **8159**

St. Ward)

2. FULL NAME William Horace Schaumburg

(a) Residence. No. **5112 Maple Ave.** St. **5** Ward.

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **1/21 1884**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

47

6

3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Attorney**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER **E. G. Schaumburg**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis Mo.**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Elizabeth C. Dietrich**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis Mo.**
(STATE OR COUNTRY)

14. INFORMANT **Edna Schaumburg**
(Address) **5112 Maple Ave.**

15. FILED **25 1931** **Max C. Parker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **7 - 24 - 1931**

17. I HEREBY CERTIFY, That I attended deceased from **July 18, 1931**, to **July 24, 1931**, that I last saw him alive on **July 24, 1931**, and that death occurred, on the date stated above, at **6 P. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia lobar embolical

CONTRIBUTORY (SECONDARY) **Barrieme Sigmat.**
(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **July 20th 1931**

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Lob**

(Signed) **Herbert S. Kent**, M. D.

7/24/31 (Address) **6006 Carleton**

*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

Bellefontaine Cem. 7/28/31

20. UNDERTAKER

ADDRESS

Maxson & Sons 6175

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.

