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

Do not use this space.

30020

File No. .....

Registered No. 9083

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 5818 South West Ave St. ..... Ward)

2. FULL NAME Bernard Schumacher

(a) Residence. No. ..... St., 13 Ward. .....
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28th 1904

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
27	2	26	

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

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

PARENTS

10. NAME OF FATHER Bernard Schumacher

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

12. MAIDEN NAME OF MOTHER Cath. Koebbe Aug 26, 1931

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

14. INFORMANT Mildred Schumacher
(Address) 5818 Southwest Ave

15. FILED AUG 26 1931 Max C Stardy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 24th 1931

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1928, to Aug 24, 1931 that I last saw him alive on Aug 24, 1931, and that death occurred, on the date stated above, at 6 50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

2 3 (duration) 3 yrs. 7 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 2 3 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Xray
(Signed) J. P. Hemerich Jr, M. D.
(Address) 6200 Columbia

*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
New St Peter & Pauls	Aug 28 1931
20. UNDERTAKER	**ADDRESS**
J H Gebken L & U. Co	2628 Gravois