V. No. 2.

MARGIN RESERVED FOR BINDING

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.

MAR 25

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

Do not use this space.

5981

1. PLACE OF DEATH

96 County St Louis — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 6033 B — Registered No. 56

City ..... (No. Overland Hospital St. ..... Ward)

2. FULL NAME John J. Schuermann

(a) Residence, No. 8133 St Charles Lane St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) June 10, 1896

7. AGE: YEARS 35 — MONTHS 8 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realtor 154

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

FATHER

13. NAME Harry Schuermann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

MOTHER

15. MAIDEN NAME Margaret Bremser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

17. INFORMANT (ADDRESS) Mr. Henry J. Stranbinger 5036 Ridge Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery DATE Feb 19 1932

19. UNDERTAKER (ADDRESS) Geo. L. Gleitsch Inc 5966 Easton Ave.

20. FILED 2-18, 1932 Nolla Bray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...

I last saw h— alive on —, 19... Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

Homicide by fire arms — Date of onset 2/15/32

173 (5)

Other contributory causes of importance: Gunshot wound of left lung, diaphragm, stomach & liver.

Name of operation ..... Date of —

What test confirmed diagnosis? Physical signs Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 2/15, 1932

Where did injury occur? St. Louis Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Gunshot wounds

Nature of injury Homicide by firearms

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) John O'Connell M. D.

(Address) Coroner of St. Louis County