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

Do not use this space.

13850

File No.

Registered No.

96 27 7

1. PLACE OF DEATH

County St. Louis — Registration District No. 790

Township CENTRAL — Primary Registration District No. 6033

City BRENTWOOD (No. 8728 Eulalie Ave. St. Ward)

2. FULL NAME Louise Schumacher.

(a) Residence, No. 8728 Eulalie Ave St., 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.

MAY 28 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 - 1864

7. AGE: Years 68 | Months 9 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 24 yr

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) Missouri.

FATHER

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known.

MOTHER

15. MAIDEN NAME Not-Known.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not-Known.

17. INFORMANT Frank B. Schumacher (Jr.)
(ADDRESS) 4415 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter-Paul Cem. DATE Apr. 14 1932

19. UNDERTAKER Graham Und. Co. Inc.
(ADDRESS) 7146 Manchester Ave.

20. FILED Apr. 13 1932 R. W. Sullivan
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/8, 1932 to 4/11, 1932

I last saw h. alive on 4/11, 1932. Death is said to have occurred on the date stated above, at 11 a m.

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

	Date of onset
Lobar Pneumonia	3 days
108 ~~108~~ 108	
98C	
150 (1)	

Other contributory causes of importance:

L Myocarditis

Name of operation — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy?

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

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur?
(Specify city or town, county, and State)

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) G. C. Barnes, M. D.

(Address) 7500 S. Broadway