

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.....)

Registration District No. 791
1003
Primary Registration District No.....
Deaconess Hospital,

File No. 35102
Registered No. 9316
St. Ward)

2. FULL NAME Emelia Schumacher,

(a) Residence, No. Lay Road St. 4 Ward. St. Louis County, Mo.
(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 Female 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) ? about 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 62

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Mo.

13. NAME Christian L. Schumacher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Maria C. Peper,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Christian Schumacher
Lay Rd. St. Louis County, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 10/30/33 19.

19. UNDERTAKER (ADDRESS) Robert J. Cumberston Inc
Clayton Road at Concordia Lane

20. FILED Oct 29 1933 J. F. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/27/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 10/25, 1933, to 10/27/33, 19.

I last saw her alive on 10/27/33 19. Death is said to have occurred on the date stated above, at 7:50 A. M.

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

Apoplexy
SAHM
Other contributory causes of importance:
Date of onset 10/27/33

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? NO

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) J. D. Stachyle, M. D.
(Address) 12 W. Central at

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. NOV 10 1933

