MAR 25 1936

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

Do not use this space.

7360

1. PLACE OF DEATH

County: St Charles
Township: ~~St Charles~~
City: St Charles (No. St. Jos. Hosp. St. Ward)

Registration District No. 757
Primary Registration District No. 3036

File No.
Registered No. 19

2. FULL NAME George Schuermann

(a) Residence, No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor
10. Date deceased last worked at this occupation (month and year) Nov., 1, 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co

FATHER
13. NAME John Schuermann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geramy

MOTHER
15. MAIDEN NAME Mary Neslage
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co

17. INFORMANT John Schermann
(ADDRESS) St Charles R.R.3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harvester DATE Feb, 6, 1936

19. UNDERTAKER Morris Muschany
(ADDRESS) Hamburg Mo

20. FILED 2/4, 1936 Clarence B. Nussler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1936, to Feb 3, 1936
I last saw him alive on Feb 2, 1936. Death is said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-27-36
188	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) E. J. Cauty M. D.
(Address) St Charles, Mo

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.