

MAY 7 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City..... (No. ....)

Registration District No. **791**  
Primary Registration District No. **1003**

File No. **17594**  
Registered No. **4366**  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. **7200 So. Rose St.** Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Miss Schumacher</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug. 1st 1877</i>				
7. AGE	YEARS <i>58</i>	MONTHS <i>8</i>	DAYS <i>19</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Common</i>			
FATHER	10. Date deceased last worked at this occupation (month and year).....			
	11. Total time (years) spent in this occupation.....			
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>			
	13. NAME <i>Walter Schumacher</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>			
	15. MAIDEN NAME <i>Kate Schmitt</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>				
17. INFORMANT (ADDRESS) <i>Walter Schmitt, 7011 E. 11th St., St. Louis, Mo.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Mt. Hope</i> DATE <i>4/23</i> 19 <i>36</i>				
19. UNDERTAKER (ADDRESS) <i>Funkhouser Trust Co, 7819 Buchanan St., St. Louis, Mo.</i>				
20. FILED <b>APR 21 1936</b> <i>J. Bredeck</i> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/20/36*

22. I HEREBY CERTIFY, That I attended deceased from *2/25*, 19*36* to *4/20/36*, 19....  
I last saw him alive on *4/20*, 19*36* Death is said to have occurred on the date stated above, at *1215*.  
The principal cause of death and related causes of importance were as follows:  
*Ulcerative Colitis (Etiology Unknown)*  
*Peritonitis Generalized (P. Col.)*

Other contributory causes of importance:  
*170*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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) *Roy Greenbaum*, M. D.  
(Address) *City, St. Louis*

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.

