

OCT 5 1936

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

Do not use this space.  
36195  
File No. 9844  
Registered No. 9844  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City..... **St. Louis** (No. **3710a S. Jefferson Ave.**)

2. FULL NAME

**Catherine Schumann,**

(a) Residence, No. **3710a S. Jefferson Ave.** **24** Ward.  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 15, 1868**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**68 7 12**

OCCUPATION 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) **St. Louis, Mo.**

FATHER 13. NAME **Unknown Mueth**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **John Schumann**  
(ADDRESS) **3710a S. Jefferson Ave.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Park Lawn** DATE **Sept 30, 1936**

19. UNDERTAKER **Wacker - Helderle**  
(ADDRESS) **2331 S. Broadway**

20. FILED **36195** **J. F. Medeck**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 27, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 16, 1936** to **Sept 27, 1936**

I last saw her alive on **Sept 26, 1936** Death is said to have occurred on the date stated above, at **5:00** m. **A.M.**

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

**Carcinoma of Sigmoid**

Date of onset  
**Two years?**

Other contributory causes of importance:

Name of operation **None** Date of \_\_\_\_\_  
What test confirmed diagnosis? **Clu** 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? **No**  
If so, specify \_\_\_\_\_

(Signed) **Roland Stuepper**, M. D.  
(Address) **4500 Olive**

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.

WHITE PRINT, WITH UNFADING INK--THIS IS A PERMANENT RECORD

