

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FEB 8 1937

791

1003

Do not use this space.

3623

File No. _____

Registered No. _____

St. _____ Ward _____

1. PLACE OF DEATH

County.....

Registration District No. _____

Township.....

Primary Registration District No. _____

City St. Louis(No. 3440 Virginia Ave.)2. FULL NAME Jacob Schumacher(a) Residence, No. 3440 Virginia Ave. St. 16 Ward 1

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Johanna Schumacher.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5, 1906</u>		
7. AGE <u>ab-69</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Body Builder 190</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>U.S. Civil Service</u>	
	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) <u>Germany</u> <u>10</u>		
FATHER	13. NAME <u>Unknown Schumacher</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>	
17. INFORMANT <u>William Schumacher</u> (ADDRESS) <u>3440 Virginia Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus</u> DATE <u>1-18</u> <u>37</u>		
19. UNDERTAKER <u>Kriegshauser Mortuaries</u> (ADDRESS) <u>4228 So. Kingshighway</u>		
20. FILED <u>JAN 15 1937</u> <u>J. F. Bredeck</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan. 15</u> 19 <u>37</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>January 14, 1937, to January 13, 1937</u> I first saw him alive on <u>January 13, 1937</u> Death is said to have occurred on the date stated above, at <u>4 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic Myocarditis</u> <u>Hypertension</u> Date of onset _____
Other contributory causes of importance: _____
Name of operation <u>none</u> Date of _____
What test confirmed diagnosis? <u>none</u> 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? <u>no</u> If so, specify _____ (Signed) <u>J. F. Bredeck</u> M. D. (Address) <u>3601 Yvonne</u>

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.

Dr. R. J. O'Connell
Grand & Gravois

120 to 2 P.M.