

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32720

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City..... (d) Street No. **2158 College Ave.** St. **9**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **18 yrs. 6 mos. 10 ds.** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Schumacher,
 (a) Residence, No. **2158 College Ave.** St. **9**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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) **3/8/1869**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 10
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Wood worker**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Furniture**
 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.**

13. NAME **Gerhard Schumacher**

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

15. MAIDEN NAME **Helena Schrand.**

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

17. INFORMANT (ADDRESS) **Mrs. Anna Dieckhans**
2158 College Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Calvary** DATE **9/21/1937**

19. FUNERAL DIRECTOR (ADDRESS) **W. A. Stock Unl. Co.**
2117 E. Grand Blvl.

20. FILED **SEP 20 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/18-1937 19**

22. I HEREBY CERTIFY, That I attended deceased from **8-20-37** to **9/18-1937**, 19
 I last saw him alive on **9/17/1937** Death is said to have occurred on the date stated above, at **8:30 PM**

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

Date of onset

Chronic myocarditis
131

Other contributory causes of importance:

Name of operation **none** Date of **20**
 What test confirmed diagnosis? **none** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **no** Date of injury **20**, 19
 Where did injury occur? **no injury**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **20**
 Nature of injury **20**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **no**
 (Signed) **D. M. F. Harrington**, M. D.
 (Address) **2243 N. Grand**

Dr. J. F. Harman

2743 N. Grand

Tr. 1800 7-8

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)