

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.

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33014

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. 1820 Kenneth Place St. 791
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 1008

Registered No. 90682. PRINT FULL NAME Catherine Schumann

(a) Residence, No. 1820 Kenneth Place St. 23
 (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 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 Frederick Schumann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 0 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as 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.

13. NAME John Botz

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Frederick Schumann
 (ADDRESS) 1820 Kenneth Place

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter-Paul DATE Sept. 30 1937

19. FUNERAL DIRECTOR Wacker-Helderle
 (ADDRESS) 2331 S. Broadway

20. FILED SEP 20 1937 J. T. Brebeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1937, to Sept 28, 1937
 I last saw him/her alive on Sept 28, 1937. Death is said to have occurred on the date stated above, at 11.50 A.M.
 The principal cause of death and related causes of importance were as follows:

encephalitis,
Epidemic

Date of onset
9/25/37

Other contributory causes of importance:

chr. Myocardites 1935
& Hypertension

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) Frank O'Leary M. D.
 (Address) 1935 Park

STATEMENT BY LICENSED EMBALMER

I, Robert O. Wheeler, Licensed Embalmer No. 2128

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

L. E.

No. 2128 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Robert O. Wheeler

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.)