

REC'D MAY 10 1938

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

791
1003

12657
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. 3261
(c) City St. Louis, Mo. (d) Street No. BARNES HOSPITAL St.
(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.

2. PRINT FULL NAME

Eva Estelle Schuchman 25' 5"
(a) Residence, No. 3307 Pine St. St. 21
(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 Louis Harry Schuchman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7th 1876
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 1 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Shelly County, Ohio

13. NAME Harmon Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

15. MAIDEN NAME Mary Eliza Frederick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) Louis Harry Schuchman 3307 Pine St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE April 7th 1938

19. FUNERAL DIRECTOR (ADDRESS) C. R. Lupton + Sons 4449 Olive St.

20. FILED APR 6 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 4 - 5 - 1938, to 4 - 5 - 1938.

I last saw her alive on 4 - 5 - 1938. Death is said

to have occurred on the date stated above, at 8:30 a. m.

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

Cardiac failure
secondary anemia
of diabetes
Chr. Myocarditis 59
Date of onset
Other contributory causes of importance:
Secondary anemia
diabetes

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?.....

If so, specify.....

(Signed) E. N. Akers, M. D.

(Address)..... BARNES HOSPITAL

STATEMENT BY LICENSED EMBALMER

I, C.R. Lupton, Licensed Embalmer No. 2123

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

L. E. "not embalmed"

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

Signed C.R. Lupton
Licensed Embalmer No. 2123

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.)