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.

DEC'D APR 12 1939

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

791

8388
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 1003

(b) Township 1 Primary Registration District No. Registered No. 2153

(c) City St. Louis, Mo. (d) Street No. 4510 Red Bud Avenue 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 650 Catherine Schrumm

(a) Residence, No. 4510 Red Bud Avenue 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Schrumm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 19th 1854

7. AGE: YEARS 84 | MONTHS 6 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Housewife
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): Germany

FATHER
13. NAME: Unknown 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Unknown 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Minnie Jutras (Daughter) 4510 Red Bud Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE Mar. 6th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Kraeger-Voss-Fix 3402 N. Kingshighway

20. FILED MAR 6 1939 J. F. Bulech Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1939 to Mch 3, 1939
I last saw her alive on Mch 2, 1939 Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

Suicidity

Date of onset

Other contributory causes of importance:
Ad Myocarditis

Name of operation Date of
What test confirmed diagnosis? Physical 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? No
If so, specify
(Signed) D. L. Meader, M. D.
(Address) 210 Centre Ave. Clayton Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No._____, working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address _____

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

If this body is not embalmed, above space should be left blank.