G 24 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STAT[redacted]ALTH

# STANDARD CERT[redacted]OF DEATH

State File No. 30252

Registration District No. REC'D SEP 7 1939

Primary Registration District No. 200

Registrar's No. 1508

**1. PLACE OF DEATH:**

(a) County St. Louis, 90

(b) City or town Robertson, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 26 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 1

(c) City or town Robertson. Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. None
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 26 years years.

3. (a) PRINT FULL NAME Alice E. Schuman, 550

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William Schuman

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 16 (Day) 1856 (Year)

8. AGE: Years 83 Months 1 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Home 6

11. Industry or business 6

FATHER
12. Name John Riekhoff 6
13. Birthplace (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature x Sophie Hann
(b) Address Robertson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26, 39 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 2331 S. Broadway

19. (a) AUG 24 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 23 year 1939 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from Aug 1st 1934, 19, to Aug 23rd, 1939; that I last saw her alive on Aug. 23, 39, 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Arterio-Sclerosis | 5 yrs |
| Due to Old age | |
| Due to 97 | |
| Other conditions (Include pregnancy within 3 months of death) Senile Dementia | 5 yrs |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. T. Coleman (M. D. or other)
Address Pattonville, Mo Date signed 8-24-39

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## 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.....Frank J. Wyland Sr.

Licensed Embalmer No.....2645

P. O. Address.....St Louis Mo

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

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