

NOV 13 1939  
Registration District No. 791

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Missouri Baptist Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 Weeks  
 (Specify whether \_\_\_\_\_)  
 In this community 37 Years  
 (years, months or days)

8. (a) PRINT FULL NAME Herman W. Schemme 5008. (b) If veteran, name war None 8. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Mrs Minnie Schemme 6. (c) Age of husband or wife if alive 60 years7. Birth date of deceased August 1, 1878  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
61 2 10 hr. min.9. Birthplace Germany  
(City, town, or county) (State or foreign country)10. Usual occupation Prop. Cleaning Business

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Wilhelm Schemme  
 { 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Unknown  
 { 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Minnie Schemme(b) Address 1264 Sells Ave17. (a) Burial (b) Date thereof 10-14-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Pickers Cemetery18. (a) Signature of funeral director Math Hermann & Son(b) Address 2161 East Fair Ave19. (a) OCT 13 1939 (b) J. P. Brudick  
(Date received local Registrar) (Signature of Registrar)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 8  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1264 Sells Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.: 37 Years years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th  
year 1939 hour 11:45 PM minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Sept. 15. 39  
to September 11, 1939,  
that I last saw him alive on Oct. 10., 1939,  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Thrombosis 300 daysDue to Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_28. Signature Paul H. Young (M. D. seal) \_\_\_\_\_  
Address 2249 St. Louis ave Date signed 10/13  
1939

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**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 *William G. Burkholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis Mo*

**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.)**

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