DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

791 State File No. 37566

Registration District No. _____ Primary Registration District No. 1009 Registrar's No. 9405

1. PLACE OF DEATH:

(a) County 2

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

(c) Name of hospital or institution: 515 No. Whittier St.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis. 19
(If outside city or town limits, write "RURAL")

(d) Street No. 515 No. Whittier St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? NO PHYSICIAN IN ATTENDANCE years.

3. (a) PRINT FULL NAME Harry J. Schumacher 52b

3. (b) If veteran, name war _____

3. (c) Social Security No. 491-12-7289

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Patricia Ann

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Feb. (Month) 5 (Day) 1900 (Year)

8. AGE: Years 39 | Months 8 | Days 26 | If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business

FATHER
12. Name Barnard Schumacher
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Catharine Koebbe
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Patricia Ann Schumacher
(b) Address 515 No. Whittier St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1939. (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director J. H. Gebken & Co.
(b) Address 2842 Meramec St.

19. (a) NOV 2 1939 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st year 1939 hour 8:10 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Coronary Sclerosis;

Due to

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph M. Lemon (M. D. or other)
Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X19511

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

Robert F. Gebken, Registered Apprentice No. 187,

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. 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.