

Registration District No. 791

Primary Registration District No. 1003

Registrar's 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:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 weeks
(Specify whether
In this community 80 Years
years, months or days)

3. (a) PRINT FULL NAME Henry C. Schumacher 526

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 23, 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Confectionery store

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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 Mrs Fred Pfeifle

(b) Address 4509a Alice Ave

17. (a) Burial (b) Date thereof 8/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) AUG 2 1940 (b) J. F. Thadeck
(Received and recorded by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4509a Alice Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 80 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1st
year 1940 hour 3:30 AM minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Tracheitis of left femur
Duration _____

Due to fall from stairs

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) accidental

(b) Date of occurrence May 25 1940

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? No (Specify type of place) (b) Means of injury fall

23. Signature Joseph H. [unclear] (M. D. or other) _____

Address _____ Date _____

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

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 *Fernand Sanchez*

Licensed Embalmer No. 19967

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.