No. 2
13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33919

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8616

REC'D NOV 16 1940

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: St. Johns Hospital (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:

(a) State Missouri (b) County

(c) City or town Richmond Heights (If outside city or town limits, write "RURAL") N.R.

(d) Street No. 1222 Bellvue Ave (If rural, give location)

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

3. (a) PRINT FULL NAME Augusta E. Henderson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James A Henderson

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased September (Month) 9th (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
62	1	9	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name August Schumacher
13. Birthplace Hanover (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Charlotte Schuchman
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant James A Henderson
(b) Address 1222 Bellvue Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/40 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road

19. (a) OCT 19 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th, year 1940 hour 4 minute 35 A M.

21. I hereby certify that I attended the deceased from July 28 1940 to Oct. 18 1940 that I last saw h. alive on Oct. 17 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Spinal cord, (Causing paralysis)	6 mo,
Due to Carcinoma of breast (Removed April 1939)	
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 Ed. A. Johnson M.D. (M. D. or other)
Address 2135 North Grand Blvd Date signed 10/18/40

(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 Robert Lenbrecht

Licensed Embalmer No. 1994

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, fact should be so stated above.