S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1063

State File No. 239

Registration District No. 791

Primary Registration District No.

Registrar's No. 239

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: 2019 Ann Ave.
(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")

(d) Street No. 2019 Ann Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life 0 years.

3. (a) PRINT FULL NAME Clara A Schumacker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Herman

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

7. Birth date of deceased Dec 29th. 1855 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
85	1	10	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Herman Kohne
13. Birthplace 4 Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johanna Lueking
15. Birthplace 4 Germany (City, town, or county) (State or foreign country)

16. (a) Informant John B Schumacker
(b) Address 4366 Forest Park Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Herrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd. St. Louis

19. (a) JAN 10 1941 (Date received local registrar) (b) J. F. Bedell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8th. year 1941 hour 12:30 PM minute M.

21. I hereby certify that I attended the deceased from 8/1/39 To 1/8/41, 19, to, 19; that I last saw her alive on 1/8/41 - 11 30 A.M. 19; and that death occurred on the date and hour stated above.

Immediate cause of death PNEUMONIA - LOBAR - Rt - All Lobes.

Due to

Due to

Other conditions Hypertension
(Include pregnancy within 3 months of death)
HEMIPLEGIA.

Major findings:
Of operations
Of autopsy

Duration

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 Earl Smith (M. D. or other)
Address 2621 No. Kingshighway Date signed 1/9/41.

(Licensed Embalmer's Statement on Reverse Side)

Dr J Earl Smith
26 27 81 Kingsbury
1 - B [illegible]

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 Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address .....

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.