

FEB 25 1941
Registration District No. 19

Primary Registration District No. 1003

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

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:
5633 Cates Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Arthur J. Schureman**

3. (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 **Married**

6. (b) Name of husband or wife **Vivian Schureman** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **June 27, 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 13 hr. min.

9. Birthplace **Chicago / Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Lumberman**

11. Industry or business **Retired 1929**

MOTHER FATHER { 12. Name **Jacob L. Schureman**
13. Birthplace **Newark / New Jersey**
(City, town, or county) (State or foreign country)
14. Maiden name **Adeline Young**
15. Birthplace **Elizabethtown / New Jersey**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Vivian Schureman**
(b) Address **5633 Cates Avenue**

17. (a) **Cremation** (b) Date thereof **1/11/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Shepard Funeral Home**
(b) Address **1167 Hamilton Avenue.**

19. (a) **JAN 10 1941** (b) **J. J. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
(c) City or town..... **St. Louis** **517**
(If outside city or town limits, write "RURAL")
(d) Street No. **5633 Cates Avenue** **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **9, 1941**
year **19** hour **35** minute **P** M.

21. I hereby certify that I attended the deceased from **July 1, 1939** to **Jan 9, 1941**
that I last saw him alive on **Jan 9, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death
chronic Endocarditis
chronic Rheumatism
arteriosclerosis
Due to.....
Due to.....
Other conditions.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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)
..... (Specify means of injury)

23. Signature **W. N. White** (M. D. or other) **W. N.**
Address **2807 N. [Address]** Date signed **1-10-41**

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.....

Welford G Burnley
.....
Licensed Embalmer No. *4202*

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, fact should be so stated above.