

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Manchester,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Highway #50
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 50 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis, 26
(c) City or town Manchester,
(If outside city or town limits, write "RURAL")
(d) Street No. Highway #50.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frances Schumacher,

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 married,

6. (b) Name of husband or wife Anton Schumacher, 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased May, 29, 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife,

11. Industry or business Own home,

12. Name Frank Bessler,

13. Birthplace Cermomy,
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Neumann,

15. Birthplace Cermomy,
(City, town, or county) (State or foreign country)

16. (a) Informant Anton Schumacher - Jr.

(b) Address Manchester, Mo.

17. (a) Burial, (b) Date thereof Oct. 6, 1941
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place of burial or cremation St. Joseph Cem. Manchester, Mo.

18. (a) Signature of funeral director Schroeder Funeral Home

(b) Address Ballwin, Mo.

19. (a) OCT 5 1941 (b) W. M. Sarason, M.D.
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1941 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from October 7,
1941 to Oct 2, 1941
that I last saw her alive on Sept 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to Angina pectoris

Due to Chronic Myocarditis

Due to Hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations g.p.d.

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? _____

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

23. Signature Henry Scott (M. D. or other) M.D.

Address Ballwin Mo. Date signed 10/3/41

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

MOTHER FATHER

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 Theo. Schrader
Licensed Embalmer No. 3066
P. O. Address Baltimore, Md

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.