

FILED MAR 2 1942  
Registration District No. 884

Primary Registration District No. 6176

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Marthasville (C. H. A. T. H.)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Eruman Home  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren

(c) City or town Marthasville  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME AUGUST SOHUERMANN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31  
year 1942 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from Sept 1942 to Jan 31 1942  
that I last saw him alive on Jan 31 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Christine

6. (c) Age of husband or wife if alive Not Known years

7. Birth date of deceased: September 28 1883  
(Month) (Day) (Year)

Immediate cause of death: Acute Myocarditis

Duration 3 weeks

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>3</u>	<u>3</u>	hr. _____ min. _____

Due to \_\_\_\_\_

Due to Anterior chamber of the brain

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Retired

Major findings: 93e

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Fred Schuermann

13. Birthplace Not Known  
(City, town, or county) (State or foreign country)

14. Maiden name Paepelmeier

15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Ruhl

(b) Address Marthasville, MO

17. (a) Burial (b) Date thereof Feb 3, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

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? \_\_\_\_\_

18. (a) Signature of funeral director Bridgwood Funeral Home  
(b) Address 1936 St. Louis Ave. of Peace, MO

19. (a) Feb 14 1942 (b) J. C. Johnson  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature J. C. Johnson (M. D. or other) \_\_\_\_\_  
Address Marthasville MO Date signed 3/1/42

MAY 17 1946

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**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.....

Licensed Embalmer No.....

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.**