

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1943
FILED JAN 10 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42056
Registrar's No. 2553

Registration District No. 784 Primary Registration District No. 17

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
322 S. Old Orchard Rd. ✓
(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)

3. (a) PRINT FULL NAME John Thomas Schomaker

3. (b) If veteran, name war: *****
3. (c) Social Security No. 702-09-4262

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced OS

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

7. Birth date of deceased: October 20 1872 (Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation Auditor

11. Industry or business Cotton Belt R.R.

12. Name Herman Schomaker

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

14. Maiden name Elizabeth Howard

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

16. (a) Informant Joseph J. Schomaker

(b) Address 322 S. Old Orchard Rd

17. (a) Burial (b) Date thereof Dec 7th 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) DEC 7 1942 (Date received from registrar)
(b) C. K. Mc Gowan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 322 S. Old Orchard Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day December year 1942 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from January 16, 1941, to Dec. 5, 1942

that I last saw him alive on Dec. 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart failure, Onset, June 5, 1942.

Due to Chronic interstitial Nephritis, Onset, Jan. 16, 1941

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 M. D. O. (M. D. or other)

Address 320 Metropolitan Bldg Date signed 12/5/42

WRITE MAINLY—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 Frank J. Owen

Licensed Embalmer No. 7245

P. O. Address St. Louis, Mo.

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.