

LED JUN 4 1943 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4795

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Weeks. (Specify whether

In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME FRANCES HUNNING

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Sept. 27. 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 27 ..hr.min.

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

10. Usual occupation At Home

11. Industry or business Housewife.

12. Name Frank Schumacker

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

14. Maiden name Mary ?

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

16. (a) Informant Katherine Schumacker

(b) Address 1809 S 7th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27/43 (Month) (Day) (Year)

(c) Place: burial or cremation Rock Creek Cem.

18. (a) Signature of funeral director Thos. J. & Son

(b) Address 2906 Gravois Ave.

19. (a) MAY 25 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1809 S 7th St. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1943 hour 7:45 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: 1. radius right humerus fracture when descending steps and fell to the floor at Lutheran Hosp May 5 1943 about 9:00 pm

Other conditions (Include pregnancy within 6 months of death)

Major findings Of operations

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) Accident 000

(b) Date of occurrence May 5 1943

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature Richard Murray (M. D. or other) Address St. Louis Date signed 5/25/43

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed *David Van Fossan*

Licensed Embalmer No. *4247*

P. O. Address *2906 Travis*

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.