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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19110

State File No.

FILED JUN 7 1943

Registration District No. 17

Primary Registration District No. 6076

Registrar's No. 1306

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. May 25, 1943 (Specify whether
In this community since 5/25/43.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 449

(a) State Illinois (b) County 11

(c) City or town East St. Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1801 Gaty Street
(If rural, give location)

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

If yes, name country - 2

3. (a) PRINT FULL NAME Archie A. SCHUMERT

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 327-03-1638

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name ~~of husband or~~ wife Cecile

6. (c) Age ~~of husband or~~ wife if alive 43 years

7. Birth date of deceased February (Month) 10 (Day) 1898 (Year)

8. AGE: Years 45 Months 3 Days 21 If less than one day hr. min.

9. Birthplace East St. Louis, (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Saw Operator

11. Industry or business -

FATHER
12. Name August N. Schumert
13. Birthplace Alsace-Lorraine (City, town, or county) (State or foreign country) 8

MOTHER
14. Maiden name Mary Hart
15. Birthplace Canada (City, town, or county) (State or foreign country) 2

16. (a) Informant Clinical Clerk

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) E. St. Louis Ill (~~Burial, cremation or~~ removal) (b) Date thereof June 4th 43 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Mt Carmel Cemt

18. (a) Signature of funeral director Geo. W. Bingham Jr.

(b) Address 2218 State Street - E. St. Louis

19. (a) 6-1-43 (Date received local registrar) (b) C. G. McLean (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st, year 1943 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from May 25, 1943, to June 1st, 1943 that I last saw him alive on June 1st, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of the Liver, Cause Undetermined.	Unknown
Due to -	
Due to -	
Other conditions (Include morbid conditions within 3 months of death) Sclerotic AND /Coronary arteries Hypertensive heart disease with cardiac enlargement, myocardial damage and insufficiency. Dur.-Unkn.	unknown

Major findings:
Of operations
Of autopsy
No operation. [redacted] autopsy. yes

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

22. If death was due to external causes, fill in the following: Cause of death

(a) Accident, suicide, or homicide (specify) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer, Vet. Adm. Fac., Jeff. Bks. Mo. Date signed 6/1/43

(Licensed Embalmer's Statement on Reverse Side)

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 Me

_____, Registered Apprentice No. _____,

working under my personal supervision.

Signed Ben H Baldwin

Licensed Embalmer No. 2420

P. O. Address E St Louis Ills

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.