

No. 2
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5-17-36
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32634

ED OCT 2 - 1943

State File No. _____

Registration District No. 317

Primary Registration District No. 5063

Registrar's No. 2179

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
D. O. A. St. Louis Co. Hsop
(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 Mo (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1121 a Park Ave. 9
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lehman Schrum

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Thelma Schrum 17

6. (c) Age of husband or wife if alive 17 years

7. Birth date of deceased April 27, 1920
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>23</u>	<u>4</u>	<u>30</u>	br. _____ min.

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

10. Usual occupation Machinist Helper

11. Industry or business _____

MOTHER FATHER { 12. Name Alfred Schrum

13. Birthplace Munger Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Essie Dunn

15. Birthplace Black Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Schrum

(b) Address 1223 Souldard, St. Louis, Mo

17. (a) Burial (b) Date thereof 9-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi, Mo.

18. (a) Signature of funeral director Sparks Und. Co.

(b) Address Potosi, Mo.

19. (a) SEP 28 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1943 hour 12:45 minute A M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw h _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Struck by an automobile while a pedestrian on a public street. Duration

Due to Multiple fractures, lacerations, contusions and abrasions; Frac-

Due to ture left foreleg and comp. frac. r. foreleg; Subdural and

Other conditions subarachnoid hemorrhage.
(Includes pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Yes. 1700-4 21

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 Sept. 25, 1943

(c) Where did injury occur? Broadway & Viehl Av.
(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 _____ (Specify type of place) (e) Means of injury ?

Signature H. P. Pfeiffer Deputy-Coroner
(Ed. D. or Other)

Address Kirkwood, Mo. 9-27-43 Date signed _____

DEC 10 1949

AUG 30 1945

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.