

FILED FEB 18 1948

Primary Registration District No. 1003

Registrar's No. 1125

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Alexian Brothers Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis M. Schumacher

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

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hedwig Schumacher

6. (c) Age of husband or wife if alive 23, 1868

7. Birth date of deceased Nov. 23, 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>2</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation Retired

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

12. Name Frederick Schumacher

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

14. Maiden name Unknown

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

16. (a) Informant Fred L. Schumacher

(b) Address 4174 McRee

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof Feb. 7, 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Cemetery

18. (a) Signature of funeral director J. J. Branch

(b) Address 3634 Gravois

19. (a) FEB 7 1944  
(Date received from registrar)

J. J. Branch  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County St. Louis

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

(d) Street No. 3410 South Grand  
(If rural, give location)

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4  
year 1944 hour 12 minute 26 A. M.

21. I hereby certify that I attended the deceased from Feb 3, 1944  
to Feb 4, 1944  
that I last saw him alive on Feb. 3, 44, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Chronic Myocarditis

Due to Arterio Sclerosis

Other conditions (None)  
(Include 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? No  
(Specify type of place) (e) Means of injury

23. Signature L. F. Hayden (M. D. or other) M.D.

Address 5899 Delmar Date signed 2-5-44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

---

---

**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. Gylund*

Licensed Embalmer No. *9645*

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.**