

FILED MAY 13 1944

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
 (a) County.....  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Isolation Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution April 26, 1944  
to May 7, 1944  
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3842 Connecticut Street  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Henry Schemmar

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

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

6. (b) Name of husband or wife Lena 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 9 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	9	28	hr. min.

9. Birthplace St. Louis 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Cutter

11. Industry or business.....

12. Name Henry Schemmar

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Haymen

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Edith V. Minor

(b) Address 5600 Arsenal Street

17. (a) Burial (b) Date thereof 5/10/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem

18. (a) Signature of funeral director [Signature]

(b) Address 3402 N. 7th Highway

19. (a) MAY 8 1944 (b) [Signature]  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 7, day 7, year 1944 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from April 26, 1944 to May 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis of lungs far Advanced

Due to.....  
 Due to.....

Other conditions (Include pregnancy within 3 months of death) 13

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

While at work?..... (Specify type of place) (c) Means of injury.....

Signature W. Klingberg (M. D. or other).....

Address Isolation Hosp. Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

00  
 17  
 9

**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

*John Gonoski*  
Licensed Embalmer No. *3398*

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.**