

FILED SEP 18 1944 8  
Registration District No.

Primary Registration District No. **1003**

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: Firmans-Desjoge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Hours  
In this community 54-6-25 (Specify whether years, months or days)

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. 319 DuChesquette St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie Schramm

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 Married  
6. (b) Name of husband or wife John J. Schramm 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased February 9 1890  
(Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Wm. Schuler  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Bora Schlingman  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Wm. J. Schramm  
(b) Address 319 DuChesquette St  
17. (a) Burial (b) Date thereof 9-7-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wm. Schumacher  
(b) Address 3013 Meramec St

19. (a) SEP 5 1944 (b) J. H. Deed  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day September  
year 1944 hour 1:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Aug 31 1944 to Sept 4 1944  
that I last saw her alive on Sept 4 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Duration 5 yrs

Due to \_\_\_\_\_

Due to (61)

Other conditions. (Include pregnancy within 3 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) \_\_\_\_\_  
(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) \_\_\_\_\_  
(e) Means of injury 3  
23. Signature John Deed (M. D. or other) \_\_\_\_\_  
Address 2924 S. Grand Ave. Date signed 9/4/44

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

MOTHER FATHER

*Dr. E. E. Eversman*  
*Grand Interceptor*

**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 *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *St. Louis*

**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.**