No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 29763

FILED SEP 18 1944 8

Registration District No. 1944

Primary Registration District No. 1003

Registrar's No. 7706

**1. PLACE OF DEATH:**

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5702 GOETHE AVE
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 5702 GOETHE AVE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FRANK J SCHUERMANN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife WILHELMINA

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased JUNE (Month) 11 (Day) 1860 (Year)

8. AGE: Years 84 Months 2 Days 23 If less than one day hr. min.

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

10. Usual occupation SHOEMAKER

11. Industry or business RETIRED 15 YRS

FATHER
12. Name JOSEPH SCHUERMANN
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN MEYER
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant WILHELMINA SCHUERMANN
(b) Address 5702 GOETHE AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9 (Month) 7 (Day) 44 (Year)
(c) Place: burial or cremation NEW ST PETER PAUL

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 SO. KINGSHIGHWAY

19. (a) SEP 6 1944 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month SEPT day 4
year 1944 hour 9 PM minute M.

21. I hereby certify that I attended the deceased from Aug 20, 1943 to Sept 4, 1944
that I last saw him alive on Sept 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)
While at work? (e) Means of injury

23. Signature J. S. Spelt (M. D. or other)
Address 2500 S. Kingshighway Date signed 9-5-44

(Licensed Embalmer's Statement on Reverse Side)

Dr J. S. Sheets
So King hing hwy

**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 Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**