

No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29769

FILED SEP 30 1944

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8138

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:
ST. JOHNS 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 MONTHS
(Specify whether)

In this community 5 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST LOUIS

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

(d) Street No. 3950 & CANTERBURY
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME CECILIA SCHURMANN

3. (b) If veteran, name war. No

3. (c) Social Security No.

4. Sex FEMALE race WHITE 5. Color or 0

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

6. (b) Name of husband or wife.

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

7. Birth date of deceased. MARCH 16 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58 6 5 hr. min.

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

10. Usual occupation RETIRED

11. Industry or business.

MOTHER FATHER { 12. Name HENRY SCHURMANN

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

14. Maiden name ELIZABETH ALBERS

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

16. (a) Informant Paula Schumann

(b) Address 3950 CANTERBURY

17. (a) 0 RURAL (b) Date thereof 9-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GERMANTOWN ILL

18. (a) Signature of funeral director SEYMOUR KELLY

(b) Address 4386 LINDELL BLVD.

19. (a) SEP 23 1944 (b) J. Madach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21
year 44 hour minute M.

21. I hereby certify that I attended the deceased from 8-15, 1944, to 9-21, 1944
that I last saw her alive on 9-21-44, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma living 6 weeks
of vulva.

Due to Epithelioma of vulva.

Due to HA

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

Major findings: Biopsy on Lt. inguinal glands. showed epian cells carcinoma

Of autopsy as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? — (Specify type of place) (e) Means of injury —

23. Signature C. Schumann (M. D. or other) MD
Address 1634 N. Grand Date signed 9/22/44

(Licensed Embalmer's Statement on Reverse Side)

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

2:30 to 6:30
M^o Thacker

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 Clement M. Neary

Licensed Embalmer No. 3732

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.