

FILED NOV 30 1944  
318

Registration District No. \_\_\_\_\_

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:  
5422 Emerson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 61 yrs.  
years, months or days

3. (a) PRINT FULL NAME George F. Schaum

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 Elizabeth Schaum  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased January 20 1893  
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 0  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Fireman

11. Industry or business St. Louis Ply. Wood

12. Name George P. Schaum

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

14. Maiden name Catharine M. Schaum

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

16. (a) Informant Elizabeth Schaum

(b) Address 5422 Emerson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (e) Signature of funeral director John P. Collins

(b) Address 928 N. Grand Blvd.

19. (a) NOV 21 1944 (Date received local registrar) J. F. Brodeur (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5422 Emerson  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20  
year 1944 hour 12 minute 45-9M.

21. I hereby certify that I attended the deceased from May 15  
1944 to Nov. 20 1944

that I last saw him alive on Nov. 19 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis  
Duration Dont know

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

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

Other conditions valvular heart disease  
(Include pregnancy within 3 months of death) Dont know

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) \_\_\_\_\_

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R.R. Merrow (M. D. or other) M.D.

Address 5330 Geraldine Date signed 12/4/44

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

MOTHER FATHER

**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 Agonowski  
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.**