S. No. 2
M—8-43
v. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 38873

Primary Registration District No. 3069

Registrar's No. 2320

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7379 Pershing 5
(If rural, give location)

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

If yes, name country 1

**3. (a) PRINT FULL NAME** Emma Schumann

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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 September 12, 1861
(Month) (Day) (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 83 | 1 | 28 | ..... hr. ..... min. |

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

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name Frederich Schumann
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Julia Holtzwart
15. Birthplace ..... (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Milton Schumann
(b) Address 7379 Pershing Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) NOV 14 1944 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Nov. day 10
year 1944 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-10-44, 19..., to 11-10-44, 19...;
that I last saw her alive on 11-10-44, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary occlusion — Duration 24 hrs

Due to Arterio sclerosis

Due to .....

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)

While at work? ..... (e) Means of injury .....

23. Signature R. O. Muether (M. D. or other)

Address 634 N. Mond Date signed 11/12/44

(Licensed Embalmer's Statement on Reverse Side)

R. O. Muether

## 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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchoquette St. St. Louis, Mo.

**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.**