

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10915

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:
Mid-West Piping & Sup. Co. -1450 S. 2nd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Frank X. Schumacher

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lydia 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 4 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 8 17 hr. min.

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

Usual occupation: Mid-West Piping & Sup. Co.
Industry or business

Name: Alex Schumacher
Birthplace: St. Louis Mo. U
(City, town, or county) (State or foreign country)

14. Maiden name: Anna Dielenhein
Birthplace: St. Louis Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant: Lydia Schumacher
(b) Address: 2343a S. Seventh St.

17. (a) Burial (b) Date thereof: _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cem.

18. (a) Signature of funeral director: Walter Helderle
(b) Address: 3634 Grayoia Ave.

19. (a) DEC 22 1944 (b) J. F. Redner
(Date received local registrar) (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. 2343a S. Seventh St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1944 hour 7 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Adhesive Pericarditis

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

3. Signature: [Signature] (M. D. or other) _____
Address: [Signature] Date signed: 12/22/44

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

COPYED FROM
TO [unclear]

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Robert A. White

Licensed Embalmer No. 2178

P. O. Address 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

3411

State of mo

State File No.

County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 10915

On this 14 day of March, 1945, before me appears
Ludwig Schumacher, who, upon his oath, states that the original record of birth
for Frank X. Schumacher, died 12-21-, 1944 in the State of
Missouri, and which was filed at on 19....., should be corrected as follows:

- Item No. 2 should read Frank X. Schumacher
Instead of Frank K. "
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of

Amended 3-14-45

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant: Ludwig Schumacher ^{wife}
Relationship.

2343rd S. 7th
Present Address.

Subscribed and sworn to before me this 14 day of March, 1945

My Commission expires March 1945
Paul Patton Notary Public.

1944
S-39788