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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32354

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8844

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: Jewish Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6414 Cates 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry Schumaker
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rebecca
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 18, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	1	15	hr. min.

9. Birthplace Kharkoff (City, town, or county) USSR 6 (State or foreign country)
10. Usual occupation Cloak Operator
11. Industry or business Ladies Coats
FATHER 12. Name David Schumaker
FATHER 13. Birthplace USSR 6 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name unk
MOTHER 15. Birthplace USSR 6 (City, town, or county) (State or foreign country)
16. (a) Informant David Schumaker
(b) Address 6414 Cates
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/14/45 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 Mc Pherson
19. (a) OCT 14 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10/ day 13/ year 45 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from 8/30/, 1945, to 10/13/, 1945; that I last saw h. alive on 10/12/, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Carcinomatosis	2
Due to: Primary Carcinoma of Esophagus	1 year
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 0
23. Signature Calvin Goldfarb (M. D. or other) M.D.
Address 266 S. Kingshighway Blvd Date signed 10/13/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1597

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.