S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 29 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14423

Registration District No. 367

Primary Registration District No. 6076

Registrar's No. 921

1. PLACE OF DEATH:
(a) County Saint Louis Mo.
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Villa Gesu 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Eleven Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town ..... (If outside city or town limits, write "RURAL")
(d) Street No. 12000 Riverview Dr. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Sister Mary Quirine Schumann
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October (Month) 4 (Day) 1872 (Year)

8. AGE: Years 73 | Months 6 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Chicago, Illinois 1 (City, town, or county) (State or foreign country)
10. Usual occupation Teacher
11. Industry or business .....
FATHER
12. Name Frank Schumann 4
13. Birthplace ..... Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Gutrich 4
15. Birthplace ..... Germany (City, town, or county) (State or foreign country)
16. (a) Informant Sister M. Tolentine
(b) Address 12000 Riverview Drive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 25 (Day) 46 (Year)
(c) Place: burial or cremation Villa Gesu Apr 25 1946
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave
19. (a) 4-26-46 (Date received local registrar) (b) E. G. McGinnis M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 - 1946
year ~~1935~~ 1946 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from April 1, 1931, to April 22, 1946
that I last saw her alive on April 17, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	8
Hypertension	2
Due to Valvular Heart Disease Mitrae	26
Due to Nephritis Chronic	25
Other conditions (Include pregnancy within 3 months of death) 131	

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 John C. Cornell M.D. (M.D. or other)
Address 5005 a Grovois Date signed 4/23/46

(Licensed Embalmer's Statement on Reverse Side)

Cornell Jun
5005 9 [illegible]
Ha 3666

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 Oliver E. Fendler

Licensed Embalmer No. 4148

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.