

U.S. No. 2
FORM-5-43
Rev. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21352**
Registrar's No. **1293**

FILED JUN 24 1946

Registration District No. **3065** Primary Registration District No. **3065**

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

1. PLACE OF DEATH:

(a) County St. Louis County,
 (b) City or town Glendale, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Res: 409 North Sappington Road.
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis,
 (c) City or town Glendale,
(If outside city or town limits, write "RURAL")
 (d) Street No. #409 North Sappington Road,
(If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN M. SCHUMACHER.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None
 4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Barbara 6. (c) Age of husband or wife if alive 81 years
 7. Birth date of deceased Dec. 8, 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
 year 1946 hour 5:00 minute 9 M.
 21. I hereby certify that I attended the deceased from Jan. 15, 1946 to June 16, 1946
 that I last saw him alive on June 15, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Central line embolus
 Duration 29220

8. AGE: Years Months Days If less than one day
84 6 7 _____ hr. _____ min.

Due to arterio sclerosis
83-act

9. Birthplace Sandusky, Ohio
(City, town, or county) (State or foreign country)
 10. Usual occupation Sales Representative

Other conditions None
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Jacob Schumacher
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Barbara
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations _____
 Of autopsy _____

16. (a) Informant Clark P. Schumacher
 (b) Address 7315 Kingsbury Blvd, University City
 17. (a) Burial (b) Date thereof June 18, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation C. Hiram Cemetery, P.S.

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? _____

18. (a) Signature of funeral director C. R. Lupton & Sons.
 (b) Address #7233 Delmar Blvd.
 19. (a) 6-17-46 (b) E. B. McSweeney
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury U
 20. Signature E. B. McSweeney M. D. or other _____
 Address 1111 Wood Date signed 6-17-46

Dr. D. S. Werth.
..124 E. Adams.
KI:635.

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W E

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..... *Raymond L. Morris*.....
Licensed Embalmer No. *4330*.....
P. O. Address *Maplewood, 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.