S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19334

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 5095

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: Saint Johns 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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: University City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 7350 Shaftbury, 5
(If rural, give location)
(e) Citizen of foreign country? NR. no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ARTHUR H. SCHAUM.
3. (b) If veteran, name war: NO
3. (c) Social Security No.: No
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alice L. Schaum.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 20 (Day) 1880 (Year)
8. AGE: Years 66 Months 9 Days 29 If less than one day hr. min.
9. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired; Vice President
11. Industry or business: Heine Boiler Co.
MOTHER FATHER
12. Name: August G. Schaum.
13. Birthplace: Louisville, (City, town, or county) Ky. (State or foreign country)
14. Maiden name: Julia Waldeck.
15. Birthplace: New Albany, (City, town, or county) Indiana. (State or foreign country)
16. (a) Informant: Mrs. Alice L. Schaum.
(b) Address: 7350 Shaftbury.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine Cemetery
18. (a) Signature of funeral director: C.R.Lupton & Sons.
(b) Address: 7233 Delmar Blvd.,
19. (a) MAY 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1947 hour 7:45 minute P. M.
21. I hereby certify that I attended the deceased from 5-19-47 am (last illness) 19 to 5-19-47 (death) 19 that I last saw him alive on 5-19-47 5:30 P.M. and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: cerebral hemorrhage (apoplexy)
Due to: hypertension
Due to: arterero sclerosis
Other conditions: none (Include pregnancy within 3 months of death)
Major findings: Of operations: no operation
Of autopsy: none

PHYSICIAN
Underline the cause of 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: C. H. Keelson (M. D.)
Address: 306 Humboldt Bldg., Date signed 5-20-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Chas. H. Neilson
Humboldt Bldg.
JE-0251
1-4 P.M.

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 Clarence H. Murray.

Licensed Embalmer No. 4011

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.