

No. 2
-1/47
-17-39

National Office of Vital Statistics
FILED MAY 22 1947

STANDARD CERTIFICATE OF DEATH

State File No. 4866

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

1. PLACE OF DEATH: (a) County: (b) City or town: St. Louis, Mo. (c) Name of hospital or institution: St. Louis City Hospital, Max C. Starkloff Memorial (d) Length of stay: In hospital or institution. In this community, years, months or days.

2. USUAL RESIDENCE OF DECEASED: (a) State: MO (b) County: (c) City or town: St. Louis (d) Street No: 1813a Benton Str (e) Citizen of foreign country? If yes, name country.

3. (a) PRINT FULL NAME: LOUIS SCHUMAN (b) If veteran, name war: (c) Social Security No.:

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month: May day: 11th year: 1947 hour: 8:18 minute: P. M. 21. I hereby certify that I attended the deceased from: 4-12-47 to: 5-11-47 that I last saw him alive on: 5-11-47 and that death occurred on the date and hour stated above.

4. Sex: Male Color or race: White 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: 7/7 27 1876

Immediate cause of death: bronch pneumonia, bilateral post-operative obstructive pneumonia. Due to: cholerae typhosiae, cholerae typhosiae, cholerae typhosiae. Major findings: cholerae typhosiae. Of operations: cholerae typhosiae. Obductions: cholerae typhosiae. Duration: 48 hrs. PHYSICIAN: Underline the cause of which death should be charged statistically.

8. AGE: Years: 70.0 Months: 5 Days: 14 If less than one day: hr. min.

9. Birthplace: Poland (City, town, or county) (State or foreign country) 10. Usual occupation: Unemployed 11. Industry or business:

12. Name: Andrew Schuman 13. Birthplace: poland (City, town, or county) (State or foreign country) 14. Maiden name: Josephine Schuman 15. Birthplace: Poland (City, town, or county) (State or foreign country)

16. (a) Informant: Jean Schuman (b) Address: 1813 Benton Str (c) Place: burial or cremation: Calvary Cemetery 17. (a) Signature of funeral director: Central Und. Co (b) Address: 1841 Cass ave 18. (a) Signature of funeral director: J. F. Brudek (b) Address: 1841 Cass ave 19. (a) Date received local registration: MAY 14 1947 (b) Registrar's signature: J. F. Brudek

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: 23. Signature: Jean Schuman (b) Address: 1515 Lafayette Date signed: 5-12-47

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

MOTHER FATHER

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.....

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.

Registration District No. 318

Primary Registration District No. 1003

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:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

3. (a) PRINT FULL NAME Louis Schuman

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased MM 27 19
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 27 (Unless than one day) hr. min.

9. Birthplace..... (City, town, or county) (State or foreign country) Poland

10. Usual occupation Unemployed

11. Industry or business.....

MOTHER FATHER

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) J. F. [Signature] (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June year 1944 hour 12 minute 15 M.

21. I hereby certify that I attended the deceased from 1944 to 1944 that I last saw him alive on June 27 1944 and that death occurred on the date and hour stated above. (Immediate cause of death) Heart

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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?.....

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

Signature..... (M. D. or other).....
Address..... Date signed.....

SUPPLEMENTARY

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

S-19346

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