S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29500

Registrar's No. 7185

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5032 Sutherland Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 009
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5032 Sutherland Ave. 7
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME CHARLES SCHUMANN
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Pauline
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 28 (Day) 1875 (Year)

8. AGE: Years 71 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Baden (City, town, or county) Germany (State or foreign country) 4
10. Usual occupation Carpenter (Retired 15 Yrs.
11. Industry or business
MOTHER 12. Name Unknown
FATHER 13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER 14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Pauline Rossen
(b) Address 5032 Sutherland Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 9 47 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) AUG 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7 year 1947 hour 9:00 minute A. M.
21. I hereby certify that I attended the deceased from 12/18/46 19.. to Aug 7 1947 19.. ; that I last saw him alive on 8/7/47 19.. ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Infiltrating Jaged	1 yr.
Due to Cardio-vascular heart disease	1 yr.
Due to Pleurisy	1 yr.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify cause of injury)
23. Signature O. C. Pfefferkorn (M. D. or other)
Address 4523 S. Kingshighway 8/7/47

Jefferson City Printing Co.

(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 Richard W. Stoveesand

Licensed Embalmer No. 4007

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.