

S. No. 2
OM-8-13
ev. 5-17-39
P. 1, X37823

FILED OCT 21 1947

Registration District No. **338**

Primary Registration District No. **3010**

Registrar's No. **321**

1. PLACE OF DEATH:

(a) County **CAPE GIRARDEAU**

(b) City or town **CAPE GIRARDEAU**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **ST. FRANCIS HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **25 DAYS** (Specify whether)

In this community **40 YEARS**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **CAPE GIR.**

(c) City or town **CAPE GIRARDEAU**
(If outside city or town limits, write "RURAL")

(d) Street No. **1438 INDEPENDENCE**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **✓**

3. (a) PRINT FULL NAME **ANTON SCHUMACHER**

3. (b) If veteran, name war **—**

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 **—**

6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **JAN - 17 - 1863**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	8	26	hr. min.

9. Birthplace **GRAND TOWER ILL**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business **FARMING**

12. Name **OSWALD SCHUMACHER**

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

14. Maiden name **JOHANNA SCHWERING**

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

16. (a) Informant **MRS. GAY GHOSTNER**

(b) Address **CAPE GIRARDEAU Mo.**

17. (a) **BURIAL** (b) Date thereof **10-16-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **ZION METH. GEM**
Walthus Und Co

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

(b) Address **Cape Girardeau Mo.**

19. (a) **10-17-47** (b) **C. C. Summers**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **14** year **1947** hour **3** minute **P.** M.

21. I hereby certify that I attended the deceased from **Oct 20 1947** to **Oct 10 1947**
that I last saw her alive on **10/14** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis, Anterolateral Myocardial Infarction**
Due to **Left Heart Failure**
Due to **Heart**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **File A**
Of autopsy **18**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **✓**

(b) Date of occurrence **115**

(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 **—** (M. D. or other) **A**
Address **—** Date signed **10/16/47**

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

REIVED

District Health Officer No. 4
District File Number 1047-1334
Date Filed 10-20-47

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 Virgil K. Kelch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau, 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.