

FILED FEB 9 1948

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: **2349 S. 7th St.**  
(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 **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2349 S. 7th St.**  
**23** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Leona E. Schumacher**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Alexander** 6. (c) Age of husband or wife if alive **47** years  
7. Birth date of deceased **Aug. 19 1910**  
(Month) (Day) (Year)

8. AGE: Years **37** Months **5** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Desloge Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Charles Thurman**  
13. Birthplace **Unknown Unknown 9**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna Husley**  
15. Birthplace **Unknown Unknown 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Alexander Schumacher**  
(b) Address **2349 S. 7th St.**

17. (a) **Burial** (b) Date thereof **1/29/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **O. St. Peter & Paul**

18. (a) Signature of funeral director **Wacker-Helders**  
(b) Address **3634 Gravois Ave.**

19. (a) **Jan 2, 1948** (b) **J. F. Bruders**  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **25**  
year **1948** hour **5** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **6-6**, 19**47**, to **1-25**, 19**48**  
that I last saw **her** alive on **1-24**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Cervix uteri**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **W. R. Ginn** (M. D. or other) **MD**  
Address **2227 S. Broadway** Date signed **1-26-48**

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

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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 Robert Wheeler

Licensed Embalmer No. 2128

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.