

FILED MAR 11 1948
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2085

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

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:
3400 S. GRAND BLVD. /
(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.....
 (c) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 3400 S. GRAND BLVD. /
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME ANTONIA SCHAUMBERGER
 3. (b) If veteran, name war.....
 3. (c) Social Security No.
 4. Sex FE / 5. Color or race W.
 6. (a) Single, widowed, married, divorced, widow 2
 6. (b) Name of husband or wife.....
Michael Schaumberger
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... JUNE 13 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
 year 1948 hour 7:30 minute 7 M.
 21. I hereby certify that I attended the deceased from Dec 23 to Feb 27 1948
 that I last saw him alive on Feb 25 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 8 14 hr. min.
 9. Birthplace..... ST. LOUIS MO.
(City, town, or county) (State or foreign country)
 10. Usual occupation..... NIL

Immediate cause of death.....
Cerebral Hemorrhage
 Due to.....
Arterio Sclerosis
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business.....
 12. Name..... JOSEPH P. LIPOVSKYCH
 13. Birthplace..... Bohemia
(City, town, or county) (State or foreign country)
 14. Maiden name..... BARBARA UNKNOWN
 15. Birthplace..... Bohemia
(City, town, or county) (State or foreign country)
 16. (a) Informant..... Mr. Joseph Schaumberger
 (b) Address..... 5258 Meffitts Av
 17. (a) BURIAL (b) Date thereof..... MARCH 1-48
(Burial, cremation, or other) (Month) (Day) (Year)
 (c) Place: burial or cremation..... SS. Peter & Paul Cem
 18. (a) Signature of funeral director..... E. J. Schauer
 (b) Address..... 3125 Lafayette Av
 19. (a) MAR 1 1948 (b) J. B. Baedech
(Date received local registrar) (Registrar's signature)

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) (Country) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
 While at work?..... Means of injury.....
 23. Signature.....
 Address..... 607 N. Grand Date signed.....

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 Van Dezenrode
Licensed Embalmer No. 4343
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.