No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7440

Registration District No. 367

Primary Registration District No. 6076

Registrar's No. 531

6

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town GARDENVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MILLER NURSING HOME 4
(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 JEFFERSON 50
(c) City or town High Ridge 0
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME FERDINAND Schuhmacher
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex MALE 0
5. Color or race White
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased FEB. (Month) 22 (Day) 1860 (Year)

8. AGE: Years 88 Months 0 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Jefferson Co (City, town, or county) MO (State or foreign country) 0
10. Usual occupation farmer
11. Industry or business .....

FATHER
12. Name Schumacher 1
13. Birthplace Germany 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Mahr 1
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Richard J Bolka
(b) Address 5434 Murdock
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Rock Creek Mo.
18. (a) Signature of funeral director Meyer [illegible] Meyer
(b) Address 331 S Kirkwood Rd Mo.
19. (a) 2-23-48 (Date received local registrar) (b) Cecil J Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 25
year 1948 hour 7 minute 45 M.

21. I hereby certify that I attended the deceased from June 14th, 1947, to Feb. 25th, 1948
that I last saw him alive on Feb. 24th, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	3 days
Due to	
Due to 131	
Other conditions (Include pregnancy within 3 months of death): Chronic Nephritis and Ch. Arteriosclerosis	6 mo.

Major findings:
Of operations no
Of autopsy no

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) 0
While at work? ..... (e) Means of injury .....

23. Signature W. H. Walters M.D. (M.D. or other)
Address 3608 S. Grand Blvd. Date signed 2/25/48

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

Meyer Pfitzinger

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 John M. Meyer

Licensed Embalmer No. 1288

P. O. Address Kirkwood 22, 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.