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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 17994

Primary Registration District No. 1006

Registrar's No. 4759

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: 3132 LASALLE ST. 1
(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 SAO

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3132 LASALLE ST. 9
(If rural, give location) 0

(e) Citizen of foreign country? 18 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FREDERICKA ANNA SCHAUMBURG

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FE. 1

5. Color or race WH.

6. (a) Single, widowed, married, divorced WIDOW.

6. (b) Name of husband or wife JUSTUS M. SCHAUMBURG.

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

7. Birth date of deceased DECEMBER (Month) 5 (Day) 1855 (Year)

8. AGE: Years 92 Months 5 Days 16 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER 12. Name JOHN SPENDLER

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

MOTHER 14. Maiden name JULIA UNKNOWN

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

16. (a) Informant Mrs Elizabeth Rengle

(b) Address 3132 LaSalle St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY-24-48 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director E. J. Schnurr

(b) Address 3125 Lafayette

19. (a) MAY 24 1948 (Date received local registrar) J. E. Broderick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 21 year 1948 hour 10 minute 17 P.M.

21. I hereby certify that I attended the deceased from May 4, 1947, to May 21, 1948 that I last saw her alive on May 18, 1948; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chr. Myocarditis | 1 yr + |
| Due to Hypertension | 1 yr + |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to 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? (e) Means of injury

23. Signature J. J. Ryan (M. D. or other)

Address 2602 S. Grand Blvd Date signed 5/22/48

(Licensed Embalmer's Statement on Reverse Side) J. J. Ryan

## 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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave.

**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.**