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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24715

State File No.

Primary Registration District No. 1003

Registrar's No. 6753

1. PLACE OF DEATH:

(a) County... St. Louis, Missouri.
(b) City or town... St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 0 (Specify whether years, months or days)
In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... MO (b) County... 097
(c) City or town... ST. LOUIS 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1935 IOWA Memorial (If rural, give location)
(e) Citizen of foreign country? (23) (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

RUTH SHERO

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex... FE 1 5. Color or race... W 6. (a) Single, widowed, married, divorced... DIV. 3
6. (b) Name of husband or wife... John Shero 6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... MAR 23 - 1911 (Month) (Day) (Year)

8. AGE: Years 37 Months 4 Days 7 If less than one day hr. min.

9. Birthplace... MAFOEN (City, town, or county) ILL. (State or foreign country)

10. Usual occupation... N/A

11. Industry or business

12. Name... HARRY SCHUMAKER
13. Birthplace... ALABAMA (City, town, or county) (State or foreign country)
14. Maiden name... DAISY DEVEREUX
15. Birthplace... ALABAMA (City, town, or county) (State or foreign country)

16. (a) Informant... DAISY SCHUMACHER

(b) Address... 1935 IOWA

17. (a) BURIAL (b) Date thereof... AUG 7 - 48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... NEW ST. MARCUS

18. (a) Signature of funeral director... E. J. SCHNOR (b) Address... 3125 LAFAYETTE

19. (a) AUG 1 - 1948 (b) (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th year 1948 hour 2 minute 25 AM

21. I hereby certify that I attended the deceased from 3/22/48 to July 30th 1948
er July 30th 1948
that I last saw h... alive on July 30th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death... Unintentional coronary artery & generalized arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) H/O

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?

While at work? (Specify type of plant) (Specify type of machinery)

23. Signature... 1515 Lafayette 7/30/48 (Date signed)

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

MOTHER FATHER

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 B. Vallman

Licensed Embalmer No. *4014*

P. O. Address.....

722 E. 1st St. S. Minneapolis, Minn.

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.