

FILED FEB 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. **3242**  
**829**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>80 years</b>		c. CITY OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>2911a Sullivan Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>				3. NAME OF DECEASED a. (First) <b>AUGUST</b> (Type or Print) b. (Middle) <b>F.</b> c. (Last) <b>SCHUERMANN</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 27, 1949</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>June 16, 1868</b>		9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bldg. Contractor</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13a. FATHER'S NAME <b>Henry Schuermann</b>		13b. MOTHER'S MAIDEN NAME <b>Margaretha Oetter</b>	
14. NAME OF HUSBAND OR WIFE <b>Lydia Meyer Schuermann</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>498-20-0659</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Lydia Schuermann</b>				ADDRESS <b>2911a Sullivan Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Prostate</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>51 X</b> <b>17 X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>21 Mo</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>March 17, 1947</b> , to <b>Jan. 27, 1949</b> , that I last saw the deceased alive on <b>Jan 26, 1949</b> , and that death occurred at <b>7:00 AM</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. J. M. ...</b>				23b. ADDRESS <b>4222 N. Grand</b>		23c. DATE SIGNED <b>1-28-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 29 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri</b>	
DATE REC'D BY LOCAL REGISTRY <b>JAN 28 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beiderwieden F. Home Inc. 1936 St. Louis A</b>			

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

Dr. O. E. Tjoflat  
4222 No Grand

11 A.M. to 2 P.M.

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Max L. Orfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Av

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.