

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18182

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1023			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Johns</b>		c. LENGTH OF STAY (in this place) <b>40 Yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Johns</b>		96 0 0 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at home</b>				d. STREET ADDRESS (If rural, give location) <b>2847-Endicott Avenue</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gustav</b>			b. (Middle) <b>Henry</b>		c. (Last) <b>Schupmann</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 25 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>Jan. 26, 1868</b>	9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>30</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clerk</b>		11. BIRTHPLACE (State or foreign country) <b>Carline, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>August Schupmann</b>			13b. MOTHER'S MAIDEN NAME <b>Christine Blumenberg</b>		14. NAME OF REGISTRAR OR WIFE <b>Caroline W. Schupmann</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>XXXXX</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Caroline W. Schupmann 2847-Endicott Ave. Overland-21-Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis (Chronic)</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>Diabetes Mellitus 4 1/2 3 months</b>				INTERVAL BETWEEN ONSET AND DEATH	
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>Feb 8</b> , 1946, to <b>April 25</b> , 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:00 P.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>O. E. Sterling M.D.</b>				23b. ADDRESS <b>2050 North South Rd. St. Louis 4 Mo.</b>		23c. DATE SIGNED <b>4-26-49</b>			
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-28-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bedon, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>4-27-49</b>		REGISTRAR'S SIGNATURE <b>Harold W. Schupmann</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Baumann Bros. Inc. 2501-Woodson Rd-Overland-14-Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

**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.

Signed Oscar F. Mueller

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.