

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 21653
4892

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3513a Hartford St.				d. STREET ADDRESS (If rural, give location) 16-3513a Hartford St.			
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) Henry		c. (Last) Schumaker		4. DATE OF DEATH (Month) (Day) (Year) 6/4/49
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 1, 1867		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) East Carondelet, Ill. /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John J. Schumaker			13b. MOTHER'S MAIDEN NAME Mathilda Ahern		14. NAME OF HUSBAND OR WIFE Elizabeth		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Schumaker--3513a Hartford			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma 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. INTERVAL BETWEEN ONSET AND DEATH 1 year						
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) 410			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X			
22. I hereby certify that I attended the deceased from 1-9 19 48 , to 6-4 , 19 49 , that I last saw the deceased alive on 6-3 , 19 49 , and that death occurred at 8 1/2 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. P. Ruppelinger . 0			23b. ADDRESS 5203 Chipmunk			23c. DATE SIGNED 6-4-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/6/49	24c. NAME OF CEMETERY OR CREMATORY Palmer Hill Cemetery		24d. LOCATION (City, town, or county) (State) Columbia, Illinois		
DATE REC'D BY LOCAL REG. JUN 6 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Wacker - Welsch		ADDRESS 3634 Gravois Ave.	

(Licensed Embalmer's Statement on Reverse Side)

12

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 Delia J. Krupin

Licensed Embalmer No. 3497

P. O. Address 3634 Gravel

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.