

THE DIVISION OF HEALTH OF MISSOURI

FILED NOV 21 1949

STANDARD CERTIFICATE OF DEATH ³⁰⁶⁹ State File No. ³⁹⁶¹³

BIRTH NO. 77639-49 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6016 Registrar's No. 4379

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hts.</u>		c. LENGTH OF STAY (in this place) <u>86</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3914 Bayless Ave.</u>	
3. NAME OF DECEASED a. (First) <u>EMIL</u> b. (Middle) <u>SCHAUM JR.</u> c. (Last) <u>SCHAUM JR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Nov. 9, 1949</u>
9. AGE (in years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>4</u> Min. <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Richmond Hts., Mo.</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Emil Schaum Sr.</u>	
13b. MOTHER'S MAIDEN NAME <u>Estelle Hoechst</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emil Schaum Sr.</u> ADDRESS <u>3914 Bayless Ave.</u>
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) <u>Premature Labor (Molting)</u> ANTECEDENT CAUSES Morbidity 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. <u>Premature baby (7 mos) Congenital Abetalasemia</u>	
19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION <u>7/2.5</u>	
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) m.		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 <u>11/9</u> , 19 <u>49</u> , to <u>11/9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11/9</u> , 19 <u>49</u> , and that death occurred at <u>11:20P</u> M., from the causes and on the date stated above.			
23a. SIGNATURE <u>L.M. Rindan M.D.</u> (Degree or title)		23b. ADDRESS <u>4500 Olive St.</u>	
23c. DATE SIGNED <u>11/11/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov. 11, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway Bl.</u>	
DATE REC'D BY LOCAL REG. <u>11-11-49</u>		REGISTRAR'S SIGNATURE <u>Herbert G. Womack M.D.</u>	

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 *Richard W. Stoverand*

Licensed Embalmer No. 4007

P. O. Address.....

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.