

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2180

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 13

0920

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

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If instituting: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pt # 2. St Charles Mo</u>	
c. LENGTH OF STAY (in this place) <u>65 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Pt # 2.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Charles Pt # 2.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Disturb</u> b. (Middle) <u>Schumann</u> c. (Last) <u>Schumann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 23, 1950</u>	
5. SEX <u>M. O</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>Feb 15, 1865</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John V. Schumann</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Dammann</u>	14. NAME OF HUSBAND OR WIFE <u>Charlotte Schumann</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>St Charles</u> ADDRESS <u>Mrs. Charlotte Schumann Pt # 2.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Compensation 3 day</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic myocarditis 5 yrs</u> DUE TO (c) <u>Gen. Arteriosclerosis 10 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) <u>MS</u>		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) (Minute) _____		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>Jan 20, 1950</u> , to <u>Jan 23, 1950</u> , that I last saw the deceased alive on <u>Jan 23, 1950</u> , and that death occurred at <u>6:30 P. M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>D. P. Erich Schumacher M.D.</u>		23b. ADDRESS <u>St Charles Mo</u>	
23c. DATE SIGNED <u>1/27/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 26, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hanniston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hanniston Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-28-50</u>		REGISTRAR'S SIGNATURE <u>Francis Hanniston</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Francis Hanniston</u>		ADDRESS <u>Rural St Charles Mo</u>	

District File Number _____

District Health Officer No. 9

RECEIVED
JUL 4 1950

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 Arthur C. Bice

Licensed Embalmer No. 3155

P. O. Address St Charles 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.