

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 23211

FILED AUG. 15 1950

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>112</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington.</u>		c. LENGTH OF STAY (In this place) <u>9 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington.</u>		<u>8362</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>26 W. 6th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>			b. (Middle) <u>M.</u>		c. (Last) <u>Schuhmacher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 3rd, 1950.</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 14th, 1872</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>19</u>	IF UNDER 1 HR. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Leslie, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Breckenkamp.</u>			13b. MOTHER'S MAIDEN NAME <u>Weeke.</u>		14. NAME OF HUSBAND OR WIFE <u>George H. Schuhmacher.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No. X</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert Schuhmacher Washington, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, Essential</u> DUE TO (c) <u>Arterial Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>					331X
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) m.		21e. INJURY OCCURRED WHILE AT <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>May</u> , 19 <u>50</u> to <u>Aug 3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 3</u> , 19 <u>50</u> and that death occurred at <u>6:27</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas A. Schum D.M.D.</u>				23b. ADDRESS <u>General D. M.D.</u>		23c. DATE SIGNED <u>8-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 6th, 1950.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Immanuel Lutheran Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 5, 1950</u>		REGISTRAR'S SIGNATURE <u>99</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nieburg & Vitt, Inc Washington, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0362

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 12 1950

RECEIVED

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 _____

Lester A. Vitt

Licensed Embalmer No. *3254*

P. O. Address *Washington, D.C.*

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.