

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18558

State File No. 4511

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (If deceased lived. If institution, residence before admission). a. STATE Mo.		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) 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 2159			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6364 Devonshire Ave.		d. STREET ADDRESS (If rural, give location) 4212 Bingham Ave.					
3. NAME OF DECEASED (Type or Print) GEORGE			a. (First) b. (Middle) c. (Last) SCHEUERMANN				
4. DATE OF DEATH		May 12 1951					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2			
8. DATE OF BIRTH April 2, 1878		9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Scullin Steel Co.		11. BIRTHPLACE (State or foreign country) Columbia, Ill. /			
12. CITIZEN OF WHAT COUNTRY?							
13a. FATHER'S NAME Conrad Scheuermann		13b. MOTHER'S MAIDEN NAME Wilhelmina Mund		14. NAME OF HUSBAND OR WIFE Late Anna Scheuermann			
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 George W. Scheuermann 5429a Milentz			
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) Pulmonary Infarct ANTECEDENT CAUSES DUE TO (b) Broncho asthma DUE TO (c) Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 18 hrs 2 yrs 2 yrs	
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? 241X			
22. I hereby certify that I attended the deceased from February 20, 1950, to May 12, 1951, that I last saw the deceased alive on May 12, 1951, and that death occurred at 4:40P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature] M.D.		23b. ADDRESS 3739 Gravois		23c. DATE SIGNED 5/14/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 15, 1951		24c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard			
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		DATE REC'D BY LOCAL REG. MAY 14 1951		REGISTRAR'S SIGNATURE [Signature]			
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.							

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

12-1-00
alt

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Richard W. Stovesan

Signed
Student Embalmer

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.