

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 25251  
Registrar's No. 5775

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis, Missouri</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS 2269</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		d. STREET ADDRESS (If rural, give location) <u>1416 Bremen</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>	b. (Middle)	c. (Last) <u>SCHOMAKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 26 1951</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>10-13-1885</u>	9. AGE (In years last birthday) <u>65</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self-employed</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Herman Schomaker</u>	13b. MOTHER'S MAIDEN NAME <u>Heley Telken</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Heley Huck 7452 Chandler</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	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. <u>Chronic Rheumatoid Arthritis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 <u>Hit</u>
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22. I hereby certify that I attended the deceased from 6-19-51, 1951, to 6-26-51, 1951, that I last saw the deceased alive on 6-26-51, 1951, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Albert M. Higgins MD</u>	(Degree or title) <u>U</u>	23b. ADDRESS <u>1515 Lafayette Avenue</u>	23c. DATE SIGNED <u>6-27-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-29-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JUN 27 1951</u> <u>J B Fasata</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>El. Kohnson</u>	ADDRESS <u>3516 N. 14th St</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*Ronald Yalubka*  
Licensed Embalmer No. *3917*

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.