

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22598

State File No. 6196  
Registrar's No.

JUL 15 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 6196		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where 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) 12 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2-37									
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home				d. STREET ADDRESS (If rural, give location) 15 4337 Taft									
3. NAME OF DECEASED (Type or Print) a. (First) Christina			b. (Middle) Schaumburg			c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) June 29, 1952				
5. SEX female/		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb 14, 1878		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St Louis Mo 0				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Weick				13b. MOTHER'S MAIDEN NAME Magdalena Stahl				14. NAME OF HUSBAND OR WIFE George Schaumburg					
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Schaumburg 4337 Taft							
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) <i>Broncho pneumonia</i> INTERVAL BETWEEN ONSET AND DEATH 4 days  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.									
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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? 491X									
22. I hereby certify that I attended the deceased from June 24, 1952, to June 29, 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at 2:40 A. M., from the causes and on the date stated above.													
22a. SIGNATURE (Degree or title) Bernard T. Koz m.d. 0				22b. ADDRESS 4755 Thompson Road N. Linn 16, Mo.				22c. DATE SIGNED 6/30/52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 7/2/52		24c. NAME OF CEMETERY OR CREMATORY N St Marcus Cemetery				24d. LOCATION (City, town, or county) (State) St Louis Mo					
DATE REC'D BY LOCAL JUL 1 1952		REGISTRAR'S SIGNATURE J Carl Smith MA				25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons		ADDRESS 7027 Gravois					

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

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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 *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *7027 Garois*

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.