

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38213**

FILED DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann <u>1371</u>	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 10th & Gellert St. <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Albertina c. (Last) Schaumburg			4. DATE OF DEATH (Month) (Day) (Year) 12 8 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan. 17, 1879
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Missouri <u>C</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY ---	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Ferdinand Gawer		13b. MOTHER'S MAIDEN NAME Rosa Stephan	14. NAME OF HUSBAND OR WIFE Martin 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. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leslie Von Behren, Hermann, Mo.
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) Bilateral bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 5 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebrovascular accident 8 days DUE TO (c) Generalized & cerebral arteriosclerosis 10 yrs 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 None		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) 331X	
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?	
22. I hereby certify that I attended the deceased from 6-13- 1949, to 12-8- 1952, that I last saw the deceased alive on 11-30- 1952, and that death occurred at 1:30 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Carol T. Shaw, M.D.		23b. ADDRESS Hermann, Missouri	23c. DATE SIGNED 12-8-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-10-52	24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	24d. LOCATION (City, town, or county) (State) Hermann, RFD Mo.
DATE REC'D BY LOCAL REG. Dec. 9, 1952	REGISTRAR'S SIGNATURE J. L. Schuman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herbert H. Steuber Hermann, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

362
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STATEMENT BY LICENSED EMBALMER

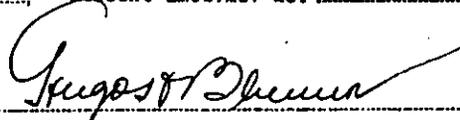
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3160

P. O. Address Hermann, 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.