No. 300
10.48

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45074

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11883

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 19 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5521 Minnesota ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2159
d. STREET ADDRESS (If rural, give location): 5521 Minnesota ave. 15

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): J.
c. (Last): Schumacher

4. DATE OF DEATH (Month) (Day) (Year): December 25, 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 15, 1882

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri. 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Fred Schumacher

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Minnie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Gertrude D. Schumacher 5521 Minnesota

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 15 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gangrene Leg. Arteriosclerosis — Sep 1950
DUE TO (c) — Amputation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10.25-50

19b. MAJOR FINDINGS OF OPERATION: Gangrene. arteriosclerosis

20. AUTOPSY? YES ☐ NO ☐

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 WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4500

22. *I hereby certify that I attended the deceased from* 10. 12, 1952 *to* Dec 25, 1952, *that I last saw the deceased alive on* Dec 23, 1952, *and that death occurred at* 11.15 am, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Schimek M.D. 0

23b. ADDRESS: 1703 S Grand

23c. DATE SIGNED: 12-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4

24b. DATE: Dec. 27, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mount Hope Cemetery

24d. LOCATION (City, town, or county) (State): 1215 Lemay Ferry Rd Lemay, Mo.

DATE REC'D BY LOCAL REG.: DEC 26 1952

REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. G.P.

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C. Hoffmeister U.&L.Co. 7814 S. Broadway

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.