

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29116

State File No.

FILED AUG 19 1953

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5594</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>			
b. CITY OR TOWN <u>Meramec Township</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Rural Meramec Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OWN HOME Near Home Springs</u>				d. STREET ADDRESS (If rural, give location) <u>Home Springs 0500</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBINA</u>		b. (Middle) <u>SCHUMACHER</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG - 2 - 1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 28 - 1900</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>HOUSE SPRINGES - MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN BROSH</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE KALONERUOV</u>		14. NAME OF HUSBAND OR WIFE <u>FERDINAND SCHUMACHER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ferdinand J. Schumacher</u> ADDRESS <u>Home Springs RR#2</u>			
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) <u>Carcinomatosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Primary Carcinoma Left Breast</u> DUE TO (c) <u>170XF</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Pathological Fracture left Femur</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>4 years</u> <u>2 mos ago</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma left breast 1949. Pathological fracture left femur June 1953</u>				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) m.		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 <u>April 13</u> , 1953, to <u>July 31</u> , 1953, that I last saw the deceased alive on <u>July 31</u> , 1953, and that death occurred at <u>8:45</u> A.M., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Les W. Reber</u> (Degree or title)				23b. ADDRESS <u>Box 91 Jenton, Mo.</u>		23c. DATE SIGNED <u>8-4-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>Aug 6 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Philomena Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Home Springs - MO</u>	
DATE REC'D BY LOCAL REG. <u>Aug 8 / 1953</u>		REGISTRAR'S SIGNATURE <u>Ruth Jissa</u> <u>438</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. ...</u> ADDRESS <u>Home Springs Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

500

JEFFERSON COUNTY HEALTH DEPT,
HILLSBORO, MISSOURI

DATE RECEIVED AUG 12 1953

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 1470.....

P. O. Address Home Springs, 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.