

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

34021

FILED SEP 24 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8245</b>		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (in this place)		a. STATE <b>Missouri</b> b. COUNTY <b>2029</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5430 Goethe</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>2 5430 Goethe</b>				
3. NAME OF DECEASED (Type or Print)			a. (First) <b>Julius</b>			b. (Middle) <b>A.</b>		
			c. (Last) <b>Schumacher</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 24 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>June 15 1953</b>		
						9. AGE (In years last birthday) <b>80</b>		
						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman Louis Maul Co.</b>		
						10b. KIND OF BUSINESS OR INDUSTRY		
				11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Wm. Schumacher</b>			13b. MOTHER'S MAIDEN NAME <b>Louise Bohle</b>			14. NAME OF HUSBAND OR WIFE <b>Margaret (Deceased)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>489-05-0406A</b>			17. INFORMANT'S SIGNATURE OR NAME <b>John Cordes S. Estate</b>		
						ADDRESS <b>S. 12st Estate</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____								
INTERVAL BETWEEN ONSET AND DEATH _____								
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								
ANTECEDENT CAUSES								
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
DUE TO (b) <b>Coronary Thrombosis</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		19b. MAJOR FINDINGS OF OPERATION						
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <b>Patrick E. Taylor</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>8.25.53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/27/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>AUG 25 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Schumacher</b>		ADDRESS <b>3013 Meramec</b>		

Coroner

**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 \_\_\_\_\_

*Jack H. H. H.*  
Licensed Embalmer No. *4746*

P. O. Address *St. Louis*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.