

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7140

State File No.

FILED FEB 18 1954 BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 357

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kirkwood xxxxxxxxx)		c. CITY OR TOWN Rock Hill	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 30 days		e. STREET ADDRESS (If rural, give location) 9605 Manchester Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION White Oaks Nursing Home		4631	
3. NAME OF DECEASED (Type or Print) a. (First) EMIL b. (Middle) NMN c. (Last) SCHEUMANN Jr.		4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 5, 1886
9. AGE (In years last birthday) 67	10. MONTHS 9	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman	10b. KIND OF BUSINESS OR INDUSTRY Midwest Con. Inc.		
13a. FATHER'S NAME Emil Schetmann	13b. MOTHER'S MAIDEN NAME Frieda Guenther	14. NAME OF HUSBAND OR WIFE Ella Scheumann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 489-22-4527	17. INFORMANT'S SIGNATURE OR NAME Ernst Scheumann, Kirkwood, Mo. ADDRESS	
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) CARCINOMA OF THE LARYNX		INTERVAL BETWEEN ONSET AND DEATH 1 YR	
*This does not mean the mode of dying, such as heart failure, asthma, 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) _____	
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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 161K	(COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 8-20, 1953 , to 8-22, 1953 , that I last saw the deceased alive on 2-2, 1954 , and that death occurred at 7:45 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE JR. Bradley		23b. ADDRESS M.D. BARNES HOSPITAL	23c. DATE SIGNED 2-8-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/10/54	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. 2-9-54	REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, M.D. ADDRESS Kirkwood	

52 (Licensed Embalmer's Statement on Reverse Side)

Rev.

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Felix Duval*.....

Licensed Embalmer No. *3031*

P. O. Address *Rockwood*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.