

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

State File No. **10805**

FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 661

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 OR TOWN Gardenville	c. LENGTH OF STAY (in this place township) 3 1/2 mos.	c. CITY OR TOWN Lemay	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Henninger Nursing Home		e. STREET ADDRESS (If rural, give location) R.R. 8, Box 790	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Anna	b. (Middle) Marie	c. (Last) Schumacher	March 14, 1954		
5. SEX f	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 24, 1862		9. AGE (In years last birthday) 91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At-home	11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? Germany

13a. FATHER'S NAME John Janzen	13b. MOTHER'S MAIDEN NAME Elizabeth Stage	14. NAME OF HUSBAND OR WIFE Bernard Schumacher (dec'd)
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mary Winkler, RR 8, Box 790, Lemay 23, Mo	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 42 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive cardiac failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis		
	DUE TO (c) Infirmitates of old age		
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 592X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct, 1953, to Mar 14, 1954 that I last saw the deceased alive on Mar 14, 1954, and that death occurred at 8:55 Pm., from the causes and on the date stated above.

23a. SIGNATURE <i>J. Gerwitz</i>	23b. ADDRESS 202 8818 Grovais St. St. Louis Mo	23c. DATE SIGNED 3-15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 17, 1954	24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 3/15/54	REGISTRAR'S SIGNATURE <i>Herbert K. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>C. Hoffmeister</i>	ADDRESS Colonial Mortuary, 6464 Chippewa St. St. Louis 9, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

8818 Gravois

1914

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 *Linus C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Park

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.