

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 500 Registrar's No. 1599

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>2039</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Affton</u>	c. LENGTH OF STAY (in this place) <u>7 1/2 Mo.</u>	c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Millers Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>5412 Robert Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROL</u>		b. (Middle)		c. (Last) <u>SCHUERMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Oct. 20, 1904</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Joseph C. Schlitt</u>		13b. MOTHER'S MAIDEN NAME <u>Kundegunda Boehm</u>		14. NAME OF HUSBAND OR WIFE <u>Harry W. Schuermann (Dec'd)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Dixon 4339 Connecticut St.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Neurocirculatory Collapse</u>		
	DUE TO (c) <u>Severe brain injury</u>		
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 type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hiway 66 - W. of Sylvan Beach St. Louis Co., Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-3-53 5:33 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto accident</u>

22. I hereby certify that I attended the deceased from June 23, 1954, to July 3, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. R. Wluchko MD</u>	(Degree or title)	23b. ADDRESS <u>8916 S. ...</u>	23c. DATE SIGNED <u>7-6-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 7, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/6/54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Edwin A. McArthur*

Licensed Embalmer No. *302*

P. O. Address

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.