

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

16992

4131

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>60 yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>		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 <b>3420 Texas Avenue</b>				e. STREET ADDRESS (If rural, give location) <b>24 3420 Texas Avenue</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>JOHN</b>		b. (Middle) <b>M.</b>		c. (Last) <b>SCHUHMAN, Sr.</b>	
4. DATE OF DEATH		(Month) <b>May</b>		(Day) <b>7</b>		(Year) <b>1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Oct. 22, 1872</b>	9. AGE (In years last birthday) <b>82 yrs.</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brewery worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Griesedieck Bros.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Michael Schuhmann</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth ?</b>		14. NAME OF HUSBAND OR WIFE <b>Sophie Boeckelmann Schuhmann</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>-</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>493-09-1084</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John M. Schuhmann, Jr., 3420 Texas Avenue</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Bright's Disease</b>					
		DUE TO (c) <b>Arterio Sclerosis</b>					
		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 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>4/26x</b>			
22. I hereby certify that I attended the deceased from <b>April 24, 1952</b> to <b>May 7, 1955</b> , that I last saw the deceased alive on <b>May 7, 1955</b> , and that death occurred at <b>4:45P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Carl E. Moeller M.D.</b>		23b. ADDRESS <b>3537 S. Jefferson</b>		23c. DATE SIGNED <b>May 4-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>5-10-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 10 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Weiderwieden F.H. Inc., 1936 St. Louis Ave.</b>			

m&amp;B

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—PLEASE

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student..... None .....  
Signature of Student Embalmer

Signed..... Delis J. Kriska .....

Licensed Embalmer No. 3

P. O. Address St. Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
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.