

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21718

| | | | | | | | |
|---|----------------------------------|---|---|--|---------------------------|---|--------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>116</u> | | PRIMARY REG. DIST. NO. <u>3020</u> | | Registrar's No. <u>117</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>WASHINGTON</u> | | c. LENGTH OF STAY (in this place) <u>3 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL ROARK TWP 0370</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u> | | | | d. STREET ADDRESS (If rural, give location) <u>10 mi. South of HERMANN</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHARINA</u> b. (Middle) <u>EMILIE</u> c. (Last) <u>SCHAUMBURG</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JULY-15-1955</u> | | | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>AUG 14-1896</u> | 9. AGE (In years last birthday) <u>58</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 HRS. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>SWISS Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>FREDERICK HAEFFNER</u> | | 13b. MOTHER'S MAIDEN NAME <u>LOUISA HOELMER</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edwin Schaumburg</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edwin Schaumburg R7D Hermann Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> <u>10 yrs</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u> | | | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from <u>1950</u> to <u>July 15 1955</u> that I last saw the deceased alive on <u>July 14, 1955</u> , and that death occurred at <u>4:00 P. M.</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John B. Ryan M.D.</u> | | | | 23b. ADDRESS <u>Hermann Mo</u> | | 23c. DATE SIGNED <u>7-16-55</u> | |
| 24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>7-18-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. John Et R Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>SWISS Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>7/18/55</u> | | REGISTRAR'S SIGNATURE <u>J.P. Sukmann</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Theo St. Simon Hermann Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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
Student Embalmer

Signed _____

Licensed Embalmer No. 3120

P. O. Address Herrean Mo

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