

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29090

STATE FILE NUMBER

6992

FILED SEP 6 1956

Registration District No. **318** Primary Registration District No. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY 2169			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Length of stay in lb		STREET ADDRESS (If outside, give location) 16 3421 MICHIGAN	
3. NAME OF DECEASED (Type or print) First Elmer Middle H Last Schaum				4. DATE OF DEATH Month July Day 26 Year 1956			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MAR. 30 1897	
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0		12. CITIZEN OF WHAT COUNTRY? U - S - A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWN BUSINESS				10b. KIND OF BUSINESS OR INDUSTRY SCHAUM HAULING		11. BIRTHPLACE (City and state or country) Missouri	
13. FATHER'S NAME PHILIP SCHAUM				14. MOTHER'S MAIDEN NAME IDA SCHROEDER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 495-32-9120		17. INFORMANT Address ELMER H. SCHAUM			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia (primary)							2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Parkinsons' Disease							8 years
DUE TO (c) Epilepsy							all life
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.			4912				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION			COUNTY STATE
21. I attended the deceased from July 14, 1956 , to July 26, 1956 and last saw her alive on July 26, 1956 Death occurred at 11:40 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) FR Amick M. D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 7/26/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE JULY 28 1956		23c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY		23d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
24. FUNERAL DIRECTOR ADDRESS Thomas Ruten 2906 Grand			25. DATE RECD. BY LOCAL REG. JUL 28 1956		26. REGISTRAR'S SIGNATURE Carl Smith M.D.		

(Licensed Embalmer's Statement on Reverse Side)

mjb

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Leo J. Budde*.....

Licensed Embalmer No. *39*

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.