THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36159 STATE FILE NUMBER

FILED NOV 16 1956 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9096

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bernard Nursing Home 4385 Maryland Ave. — Length of stay in 1b 217	d. STREET ADDRESS (If outside, give location) 2628 Minnesota — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First CARRIE Middle Last SCHUERMANN		4. DATE OF DEATH Month Oct. Day 2 Year 1956	
5. SEX Female 1	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2	8. DATE OF BIRTH Oct. 22, 1861
9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Gottlieb Hollmann		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Edwin G. Schuermann Address 4956 Miami (Son)	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis — 10 years

DUE TO (c) 422.1

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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Feb 1, 1948, to Oct. 2, 1956 and last saw her/him alive on Oct 2, 1956

Death occurred at 9:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. S. Becke (Degree or title) M. D.	22b. ADDRESS 3720 Washington	22c. DATE SIGNED 10-4-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct. 5, 1956	23c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S. Kingshighway	25. DATE RECD. BY LOCAL REG. OCT 4 1956	26. REGISTRAR'S SIGNATURE J Carl Smith MD MB	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B White

Licensed Embalmer No. 429

P. O. Address 4228 Kurz

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.