

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43841

STATE FILE NUMBER

11587

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3001 Meramec St.		Length of stay in lb 9 15	d. STREET ADDRESS (If outside, give location) 3001 Meramec St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William Schumacher			4. DATE OF DEATH Month Day Year Dec. 15, 1956
5. SEX Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	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 Aug. 9, 1878
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 8 Days 9	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director		10b. KIND OF BUSINESS OR INDUSTRY Schumacher's	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Schumacher	
14. MOTHER'S MAIDEN NAME Louise Bolhle		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 488-26-9274		17. INFORMANT Address Bertha Schumacher 3001 Meramec St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bilateral Pneumonia</i> DUE TO (b) <i>Chronic Brain Syndrome, cerebral Throm-</i> DUE TO (c) <i>brosis, generalized arteriosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 8 days Duration Indeterminate
19. WAS AUTOPSY PERFORMED? YES <input 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.) 3327		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
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 De		COUNTY STATE	
21. I attended the deceased from <i>January 1, 1956</i> , to <i>December 15, 1956</i> and last saw him alive on <i>Dec. 15, '56</i> . Death occurred at <i>5:45 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Wm. F. Simon, M.D.</i>		22b. ADDRESS <i>1115 Victor St. Louis Mo. Tel. Pr. 1-</i>	
22c. DATE SIGNED <i>12.17.56</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
23b. DATE <i>Dec. 19, 1956</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	
23d. LOCATION (City, town, or county) <i>St. Louis, County, Mo.</i>		23e. STATE <i>Mo.</i>	
24. FUNERAL DIRECTOR <i>Wacob D. Haupt 3013 Meramec St.</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 18 1956</i>	
26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> mcb			

(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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Jack Haupt

Licensed Embalmer No. *4*

P. O. Address *St. Paul*

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.