

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19251**
 Registrar's No. **5382**

FILED JUN 14 1957

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

2209

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Mo. b. COUNTY <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital		d. STREET ADDRESS (If rural, give location) 21610 4050 Arsenal	
3. NAME OF DECEASED (Type or Print) a. (First) Theodore b. (Middle) (GUSTAV) c. (Last) Schamburg		4. DATE OF DEATH June 16, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 7, 1881
9. AGE (In years last birthday) 75		10. MONTH (Day) (Year) 10 29	11. IF UNDER 1 YEAR Hours Mtn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis	11. BIRTHPLACE (City and State or Foreign Country) Wittenberg, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Adolph Schamburg	
13b. MOTHER'S MAIDEN NAME Magdeline Gabler		14. NAME OF HUSBAND OR WIFE Emma Schamburg	
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.	
17. INFORMANT'S SIGNATURE OR NAME Russell Schamburg		ADDRESS 4050 a Arsenal	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) arteriosclerosis DUE TO (c) old age II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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)		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 June 1, 1957 to June 6, 1957 , that I last saw the deceased alive on June 5, 1957 , and that death occurred at 6:42 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE Russell Schamburg		23b. ADDRESS 2752 Schumaker	
23c. DATE SIGNED 6-9-57		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE June 10, 1957		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus	
24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Schumacher's	
DATE REC'D BY LOCAL REG. JUN 10 57		ADDRESS 3013 Meramec St.	

TYNE NEVADA
2752 a Charlotte
P.O. 2-0244

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

Jack Stump
4746

Licensed Embalmer No. _____

P. O. Address

St Louis 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.