

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020111

STATE FILE NUMBER

5120

FILED MAY 23 1958

Registration District No. 318

Primary Registration 1003

Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only). OR TOWN <u>ST. LOUIS Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LUTHERAN Hosp.</u>		Length of stay in <u>18</u> <u>24</u> <u>5</u> <u>DAYS</u>		d. STREET ADDRESS <u>3329 S. 7th</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print) <u>GEORGE O. SCHAUMANN SR.</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>13</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 30 1899</u>		9. AGE (In years last birthday) <u>58</u> 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) <u>BEER BOTTLER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUSCH BREWERY</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>CHRISTIAN SCHAUMANN</u>		13b. MOTHER'S MAIDEN NAME <u>- WILLIGE</u>		14. NAME OF HUSBAND OR WIFE <u>LORETTA SCHAUMANN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-03387</u>	17. INFORMANT Address <u>LORETTA SCHAUMANN 3329 S. 7th St.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adenocarcinoma of transverse colon. (splenic flexure).</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 months.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					<u>153.1</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Intestinal resection and wound separation while hospitalized, each a</u>					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.) <u>surgical procedure.</u>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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 <u>5-8-58</u> , to <u>5-13-58</u> and last saw <u>him</u> alive on <u>5-12-58</u> Death occurred at <u>about 11:00 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>C. E. Stindel, M.D.</u> (Degree or title)			22b. ADDRESS <u>3701 Grandel Square, St. Louis</u>		22c. DATE SIGNED <u>5-14-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>MAY 17 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARGUS</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>
24. FUNERAL DIRECTOR <u>Thomas Kuter 2906 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 15 58</u>	26. REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D. (GP)</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

Te 3-4430  
2-4

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. 3989  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.