

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027180

FILED VS AUG 13 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7165** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b D.O.A.	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 JEWISH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5835 Lindenwood Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MILTON Middle SCHUMANN Last	4. DATE OF DEATH Month 8 Day 10 Year 59
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5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/24/1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Book keeper	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Frank Schumann	13b. MOTHER'S MAIDEN NAME Hannah Phillips	14. NAME OF HUSBAND OR WIFE Never Married
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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. 494 01 2087	17. INFORMANT Susie Moss, 5835 Lindenwood, St. Louis
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) HEART FAILURE		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) RHD	
	DUE TO (c) 416X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year

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
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21. I attended the deceased from **7/1/59** to **7/24/59** and last saw him alive on **7/24/59**
Death occurred at **6:00 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. S. Smith M.D.	22b. ADDRESS JEWISH HOSP ST. LOUIS, MO	22c. DATE SIGNED 8/2/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/4/1959	23c. NAME OF CEMETERY OR CREMATORY Bellfontaine Cemetery	23d. LOCATION (City, town, or county) (State) 4947 Florissant, St. Louis
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24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. AUG 3 '59	26. REGISTRAR'S SIGNATURE W. S. Smith M.D.
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lenius C. Hoffme

Licensed Embalmer No. 387

P. O. Address 78148.1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.