URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH 59-034300

FILED VS SEP 28 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8461 STATE FILE NUMBER

MENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 81 years

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Christian Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis

c. CITY OR TOWN: Bellefontaine Neighbors — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 9927 Delhi Drive — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First KATHERINE — Middle — Last SCHUERMANN

4. DATE OF DEATH: Month September — Day 12 — Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 9/15/1877

9. AGE (last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Charles Harig

13b. MOTHER'S MAIDEN NAME: Caroline Plogstert

14. NAME OF HUSBAND OR WIFE: Fred J. Schuermann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Stanley Schuermann — Address: 9927 Delhi Drive

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Hypertensive heart disease — 2 years +

DUE TO (c): 443X

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. ☐ Yes ☒ No ☐ Unknown

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 June 11, 1959, to Sept 13, 1959 and last saw her alive on Sept 11, 1959

Death occurred at 1:40 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O E Tyoflat MD

22b. ADDRESS: 4222 N. Grand

22c. DATE SIGNED: 9-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Sept. 15, 1959

23c. NAME OF CEMETERY OR CREMATORY: New Bethlehem Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Beiderwiden F.H.Inc. 1936 St. Louis Ave.,

25. DATE RECD. BY LOCAL REG.: SEP 14 '59

26. REGISTRAR'S SIGNATURE: Karl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4 5 9

P. O. Address _____

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