URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-042462
STATE FILE NUMBER

FILED VS NOV 30 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210616

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8719 Partridge Ave
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Frederick Fred; Middle Philip P; Last Schaum Schaum

4. DATE OF DEATH: Month Nov; Day 16; Year 1959

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5-12-1885

9. AGE (last birthday): 74

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): Proprietor (Pharmacist)

10b. KIND OF BUSINESS OR INDUSTRY: Ludwig Drug Co., Inc

11. BIRTHPLACE (City and state or country): Belleville Illinois

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George Schaum

13b. MOTHER'S MAIDEN NAME: Catherine Benkert

14. NAME OF HUSBAND OR WIFE: Adele Schaum

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.: 494-09-2615

17. INFORMANT: Mrs. Adele Schaum, Address: 8719 Partridge Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): ARTERIOSCLEROSIS GENERAL WITH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): OLD CEREBRAL ARTERIAL THROMBOSIS
DUE TO (c): 332x

INTERVAL BETWEEN ONSET AND DEATH

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 Nov. 7, 1959, to Nov 16, 1959 and last saw ~~her~~ him alive on Nov 7, 1959
Death occurred at 7:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Montana Binder, M.D.

22b. ADDRESS: 4652 Maryland

22c. DATE SIGNED: 11-17-59

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

23b. DATE: Nov 19 1959

23c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery

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

24. FUNERAL DIRECTOR ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair Av

25. DATE RECD. BY LOCAL REG.: NOV 17 1959

26. REGISTRAR'S SIGNATURE: Noal Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 Clement McNeany

Licensed Embalmer No. 3732

P. O. Address St. Louis

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