

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017319

FILED VS. APR 18 1960

Primary Registration District No. _____

Registrar's No. **2 3773**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 1 day	c. CITY OR TOWN Bland		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route No. 1		
3. NAME OF DECEASED (Type or print) First Helmuth Middle F. Last Schuerman			4. DATE OF DEATH Month April Day 1 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/7/1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Deisel Motors		11. BIRTHPLACE (City and state or country) New Haven, Missouri.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Schuerman		13b. MOTHER'S MAIDEN NAME Margaret Meyer		14. NAME OF HUSBAND OR WIFE Oma Schuerman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. 492-09-1175		17. INFORMANT Address Oma Schuerman, Bland, Missouri.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction					INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions (if any) which gave rise to (a), (b), or (c) during the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 4201						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4-5-60				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)				
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 _____	
21. I attended the deceased from March 31 '60 to April 1 '60 and last saw her/him alive on April 1 1960 Death occurred at 5:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE R. Schuerman MD (Degree or title)			22b. ADDRESS 3701 Grandel St.		22c. DATE SIGNED 4-2-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-5-60	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) New Haven, Missouri.		
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd. ADDRESS		25. DATE RECD. BY LOCAL REG. APR 4 1960		26. REGISTRAR'S SIGNATURE Earl Smith M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 9 1960
1960

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

or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elmer A. Feder

Licensed Embalmer No. 407

P. O. Address St. L.

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