MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-033271
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2387

FILED SEP 4 1962

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay — Length of stay in 1b yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maryridge Nursing Home — 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 Lemay — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 9353 South Broadway — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EMILY Middle Last SCHUERMANN

4. DATE OF DEATH Month August Day 15 Year 1962

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH June 21, '94
9. AGE (last birthday) 68 yrs. — 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) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Printing Co.
11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William F. Schuermann
13b. MOTHER'S MAIDEN NAME Louise Schulte
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mr. John A. Eigel, 722 Chestnut St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary thrombosis	2 1/2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	arterio sclerotic heart disease	?
DUE TO (c)	arteriosclerosis	?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Grand Mal Epilepsy.

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.) None

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 St Louis COUNTY STATE Mo

21. I attended the deceased from July 27 1958, to Aug 15 1962 and last saw her/him alive on Aug 15 1962
Death occurred at 11:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE May Stubblefield (Degree or title) MD
22b. ADDRESS 5128 Dover Place
22c. DATE SIGNED 8/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 17, 1962
23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.

24. FUNERAL DIRECTOR ADDRESS Beiderwieden F. H. Inc., 1936 St. Louis (6)
25. DATE RECD. BY LOCAL REG. 8-17-62
26. REGISTRAR'S SIGNATURE John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	4000		
2	4000		
3	2		
4	1		
5	0		
6			
7	0		
8	2		
9	4200		
10			
11			
12	86-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

10 a.m. Fri.

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 Homer H. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.