MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 21578

Registered No. 5375

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital ..... St. ..... Ward)

#405

2. FULL NAME Martha Schumacker

(a) Residence, No. 5022 Bulwer Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29-1875

7. AGE: Years 57 | Months 9 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mc Clain Illinois

FATHER

13. NAME Amos Reese

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Pittsburgh Pa.

MOTHER

15. MAIDEN NAME Elizabeth Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ohio

17. INFORMANT (ADDRESS) Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE June 22, 1933

19. UNDERTAKER (ADDRESS) E. J. Schmidt 3125 Lafayette Ave

20. FILED JUN 21 1933 19 G. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12th, 1933, to June 20, 1933

I last saw her alive on June 20, 1933. Death is said to have occurred on the date stated above, at 7:25 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
93C	
1a. Hypertensive Heart Disease (Chr. Myocarditis)	
1b. Cerebral Hemorrhage	
82A	

Other contributory causes of importance: 93C

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. McCleman M. D.

(Address) City Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD