

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

Do not use this space.

44396

**1. PLACE OF DEATH**

County St. Louis Registration District No. 7-1  
 Township St. Louis Primary Registration District No. 11-13  
 City St. Louis (No. 13588) St. 1 Ward 8

File No. 11465  
 Registered No. 11465

**2. FULL NAME**

(a) Residence, No. 5022 Bulwer Ward. 8  
 (Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W. 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) Mar 22 - 1878

7. AGE YEARS 56 MONTHS 8 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.

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

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 COUNTRY) St. Louis Mo

13. NAME Matias Schumaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Barba Schutty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Harry J. M. Keagy (ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE Dec 4 1934

19. UNDERTAKER E. S. Schum (ADDRESS) 315 LeBaron St

20. FILED LEC - 3 1934 J. F. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/14, 1934, to 12/1, 1934

I last saw him alive on 12/1 Death is said to have occurred on the date stated above, at 11:50 m.

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

CARCINOMA OF LARYNX - METASTASIS TO MEDIASTINUM Date of onset JUNE 1934?

Primary seat Larynx  
 Other contributory causes of importance:

Name of operation TRACHECTOMY Date of 5-23-34  
 What test confirmed diagnosis? W. C. S. C. P. C. 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? If so, specify

(Signed) [Signature], M. D. (Address) St. Louis

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