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

AUG - 5 1937

Do not use this space.

25324

1. PLACE OF DEATH

County ..... 2 Registration District No. 791 File No. .....

Township ..... 1 Primary Registration District No. 1003 Registered No. 6498

City St. Louis (No. 2601 S. 3nd. St. ..... Ward)

2. FULL NAME Chritian Schaumann

(a) Residence, No. 2601 S. 3nd. St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 13th. 1856.

7. AGE: 2 YEARS 80 MONTHS 9 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (10 yrs)

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.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): George Schaumann 2601 S. 3nd. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE July-6- 1937

19. UNDERTAKER (ADDRESS): Wacker-Helderle 2331 S. Broadway

20. FILED JUL 6 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July-2nd. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 26th, 1937, to July 2nd, 1937
I last saw him alive on July 2nd, 1937 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis 5 yrs	
Chr Myocarditis 3 1/2 yrs	
Chr Parenchymatous Nephritis 3 yrs	

Other contributory causes of importance:
Fractured fourth Lumbar Vertebra 1 mo 2 days

Name of operation — Date of .....
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/30, 1937
Where did injury occur? St Louis Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place Picnic grounds
Manner of injury slipped on grass
Nature of injury Fracture of Vertebra

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) A. F. Stein, M. D.
(Address) 3606 Gravois

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.

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