

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.

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

4611
Do not use this space.

REC'D MAR 14 1938

791

1003

Registered No. 1256

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis Mo. (d) Street No. 3403 Wyoming St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Schaumburg 5-16

(a) Residence, No. 3403 Wyoming St St. 76
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb. 1st</u> 19 <u>38</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 31st</u> , 19 <u>38</u> , to <u>Feb. 1st</u> , 19 <u>38</u> I last saw him alive on <u>Feb. 1st</u> , 19 <u>38</u> Death is said to have occurred on the date stated above, at <u>8:00 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic Myocarditis</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 12</u> 18 <u>66</u>					Date of onset	
7. AGE YEARS <u>71</u>	MONTHS <u>10</u>	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.			
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Day Laborer.</u>			11. Total time (years) spent in this occupation			
9. Industry or business in which work was done, as saw mill, bank, etc.						
10. Date deceased last worked at this occupation (month and year)						
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u> Mo.					Other contributory causes of importance: <u>g g</u>	
13. NAME <u>Martin Schaumburg</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>						
15. MAIDEN NAME <u>Unknown</u>					Name of operation _____ Date of _____	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					What test confirmed diagnosis? <u>Ch. Findley</u> Was there an autopsy? _____	
17. INFORMANT <u>Chas. Soetebier</u> (ADDRESS) <u>4124 Fairview Ave</u>					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.	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St Marcus</u> DATE <u>Feb 4</u> 19 <u>38</u>					Manner of injury _____ Nature of injury _____	
19. FUNERAL DIRECTOR <u>Thos. Curtis</u> (ADDRESS) <u>2906 Gravois Ave.</u>					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify <u>Heart</u> (Signed) <u>Paul Schwegel</u> , M. D. (Address) <u>1800 Chippewa St.</u>	
20. FILED <u>FEB 3 1938</u> <u>J. P. Buddecke</u>						

STATEMENT BY LICENSED EMBALMER

I, THOS. KUTIS, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by THOS KUTIS

L. E. 1619

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

Thos. Kutis

Licensed Embalmer No. 1619

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.)