

REC'D MAR 14 1938

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1

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

5062

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **1707**
 (c) City **St. Louis** (d) Street No. **4105 S. Compton Avenue** 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**Caroline Schumacher 526**

(a) Residence, No. **4105 S. Compton Ave** St. **15** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 20, 1862.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**
 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)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Waterloo, Ills.**13. NAME **Peter Rodenheiser**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Margaret Emig**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT **Catherine Becker**
(ADDRESS) **4105 S. Compton Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **SS. Peter & Paul Cem.** DATE **Feb. 18, 1938.**19. FUNERAL DIRECTOR (ADDRESS) **J. H. Gaudin & Co. 2842 Meramec Street**20. FILED **FEB 17 1938** **J. T. Bredek** Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **FEB 15 1938**

22. I HEREBY CERTIFY, That I attended deceased from **January 3, 1938, to February 15, 1938**
 I last saw him alive on **February 15, 1938.** Death is said to have occurred on the date stated above, at **9:20 p.m.**
 The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Acute Date of onset **2-13-38**Other contributory causes of importance: **Hypertension, Nephritis Chronic**Name of operation..... Date of.....
What test confirmed diagnosis? **Obvial** 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. H. Gaudin** M. D.
 (Address) **3320 1/2 Grand**

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

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.)