

REC'D SEP 12 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS 791  
 CERTIFICATE OF DEATH
27289  
Do not use this space.

7303

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No.....  
 (c) City St. Louis, Mo. (d) Street No. 20 S. 21st Street 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 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Gertrude Schumacher 521  
 (a) Residence, No. 20 S. 21st Street St. 22 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15/1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
55 11 0

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Waitress  
 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) 1935  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Pendleton County  
 (STATE OR COUNTRY) Kentucky

FATHER

13. NAME Newton Schumacher  
 14. BIRTHPLACE (CITY OR TOWN) Pendleton, County  
 (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Millie Taylor  
 16. BIRTHPLACE (CITY OR TOWN) Pendleton, County  
 (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Ralph Roach  
 (ADDRESS) Du Quoin, Illinois

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Royalton, Ill. DATE Aug. 18/1938

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe, Inc.  
 (ADDRESS) 429 N. Euclid Ave.

20. FILED AUG 17 1938 J. B. Bredak  
 Local Registrar

## NO PHYSICIAN AIR ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15/1938

22. I HEREBY CERTIFY, That I attended deceased from  
 ....., 19....., to....., 19.....

I last saw h..... alive on....., 19...... Death is said  
 to have occurred on the date stated above, at 2:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix (Metastasis)

Other contributory causes of importance: 48

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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 Alfred J. Dreyfus, M.D.  
 (Signed) Deputy Coroner  
 (Address) Deputy Coroner

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Albert W. Wapne*

Licensed Embalmer No. *1861*

P. O. Address \_\_\_\_\_

**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.)**

**If this body is not embalmed, above space should be left blank.**