20

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41146

Registration District No. JAN 12 1940

Primary Registration District No.

Registrar's No. 10269

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St Louis (b) County

(c) City or town Mo 24 (If outside city or town limits, write "RURAL")

(d) Street No. 3310 Missouri (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lena Schumaker 526

3. (b) If veteran, name war X X

3. (c) Social Security No. X X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May (Month) 8 (Day) 1874 (Year)

8. AGE: Years 65 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mamie Biggs

(b) Address 3310 Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/39 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Ziegenhein Bros

(b) Address 2623 Cherokee St.

19. (a) DEC 1 1939 (Date received local registrar) (b) J. F. Baulesh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30, year 1939 hour 2:40 minute P. M.

21. I hereby certify that I attended the deceased from November 14, 1939, to November 30, 1939; that I last saw her alive on November 30, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration

Due to Hypertrophic Heart Disease

Due to

Other conditions Pulmonary Emphysema (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. J. Pieri (M. D. or other)

Address 1515 Lafayette, 11/30/39 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

Embalming Check required

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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