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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17058

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4536

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County

(c) City or town Cairo 21
(If outside city or town limits write "RURAL")

(d) Street No. 1913 Washington
(If rural, give location)

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

3. (a) PRINT FULL NAME DOROTHY LEE SCHUH

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March 1 (Month) 1924 (Day) (Year)

8. AGE: Years 16 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation School Girl

11. Industry or business

FATHER
12. Name Bryan Schuh
13. Birthplace Charleston (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ruble Beasley
15. Birthplace Mayfield (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Bryan Schuh

(b) Address 1917 Washington ave. Cairo, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 40 (Month) (Day) (Year)

(c) Place: burial or cremation Charleston, Missouri

18. (a) Signature of funeral director C. Hoffmeister U-t Co.

(b) Address 7814 S. Broadway

19. (a) MAY 22 1940 (Date received local registrar) (b) J. F. Bredetta (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1940 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 9, 1940, to May 21, 1940, that I last saw her alive on May 21, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mixed tumor of lung Malignant	
Due to	
Due to 47	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Lobectomy

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 O. N. Andersen (M. D. ~~or other~~)

Address BARNES HOSPITAL Date signed 5-21-40

(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.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadw

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.