

STANDARD CERTIFICATE OF DEATH

State File No. **19945**Registration District No. **701**Primary Registration District No. **1003**Registrar's No. **4893**

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:
Deaconess Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

8. (a) PRINT FULL NAME **Fred. W. Schumacher** **526**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 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 **November 22 1859**
(Month) (Day) (Year)8. AGE: Years **80** Months **6** Days **11** If less than one day hr. min.9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)10. Usual occupation **Retired grocer** **6**

11. Industry or business

12. Name **William Schumacher** **6**18. Birthplace **Germany**
(City, town, or county) (State or foreign country)14. Maiden name **Louisa Bohle**15. Birthplace **Germany**
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **W. Schumacher**(b) Address **3013 Meramec**17. (a) **Burial** (b) Date thereof **June 6 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **New St. Marcus**18. (a) Signature of funeral director **Schumacher**(b) Address **3013 Meramec**19. (a) **JUN 4 1940** (b) **J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
 (c) City or town **St. Louis** **23**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2002 S. 12th St.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **JUNE**
year **1940** hour **12:15** minute **1** M.21. I hereby certify that I attended the deceased from **MAY 20**, 1940, to **JUNE 3**, 1940that I last saw him alive on **JUNE 2**, 1940 and that death occurred on the date and hour stated above.Immediate cause of death **CHRONIC MYOCARDITIS AND CARDIAC ASTHMA** Duration **12 days**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) **NO**

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature **Paul R. Henschman** (M. D. or other)Address **3507 FOTONAL** Date signed **6/2/40**

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 _____
George J. Quiranauld _____, Registered Apprentice No. _____
working under my personal supervision.

Signed: *George J. Quiranauld*
Licensed Embalmer No. *2906*
P. O. Address: *3013 Miramonte*

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.