

2  
13-40  
7-39  
X23159

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

Registration District No. **791**

Primary Registration District No. **1003**

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: **St. Louis City Hospital #1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community **Life**  
years, months or days

3. (a) PRINT FULL NAME **Mary Schumacher**

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 **Widowed**

6. (b) Name of husband or wife **Unknown**

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

7. Birth date of deceased **February 28 1876**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>64</b>	<b>7</b>	<b>12</b>	hr. _____ min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **August Hannigan**

13. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Moran**

15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Schumacher**

(b) Address **8112 S. Broadway**

17. (a) **Burial** (b) Date thereof **Oct. 12, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister & Co.**

(b) Address **7814 S. Broadway**

19. (a) **OCT 11 1940** (b) **J. J. [Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **8112 S. Broadway**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **10**, year **1940** hour **9:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **October 7**, 19**40**, to **October 10**, 19**40**, that I last saw her alive on **October 10**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Right Cerebral Hemorrhage** Duration 9 days

Due to **Essential Hypertension** 5 yrs.

Due to \_\_\_\_\_

Other conditions **Left Hemiplegia** 4 days  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **as above** **J. J. [Signature]**

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? \_\_\_\_\_

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

23. Signature **W. W. Fitzgerald** (M. D. or other) \_\_\_\_\_  
Address **1515 Lafayette Ave.** Date signed **10/10/40**

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Linus C. Hoffmeister*

Licensed Embalmer No.....

*3871*

P.O. Address.....

*7814 S. Broad*

**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, fact should be so stated above.**