

FILED OCT 28 1942 **318**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **ST LOUIS MO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **2838 Michigan Ave**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **000**
(c) City or town **ST LOUIS** (If outside city or town limits, write "RURAL")
(d) Street No. **2838 MICHIGAN AVE** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Oct.** day **20**
year **1942** hour **3:50** minute **A.M.**
21. I hereby certify that I attended the deceased from **Oct. 16** 19**42** to **Oct. 19th** 19**42**
that I last saw her alive on **Oct. 19** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis.**
Duration _____

Due to _____
Due to _____
Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**
Of autopsy **none**
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 **Wm. R. Nye, M.D.** (M. D. or other) **0**
Address **2931 Scripps Ave** Date signed **10/20/42**

3. (a) PRINT FULL NAME **ALVINA SCHUMACKER**

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

4. **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 **JULY 31** **1880**
(Month) (Day) (Year)

8. AGE: Years **62** Months **2** Days **19**
If less than one day hr. _____ min. _____

9. Birthplace **ST. LOUIS MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business **HOUSE WORK**

12. Name **BEN. SCHUMACKER**

13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **JOHANNA HERBSTMAN**

15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **JOSEPHINE METZGER**

(b) Address **2838 MICHIGAN AVE**

17. (a) **BURIAL** (b) Date thereof **OCT. 23-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **S. S. PETER & PAUL**

18. (a) Signature of funeral director **Josephus J. Bon**

(b) Address **2906 GRAYOIS AVE.**

19. (a) **OCT 21 1942** (b) **J. F. Budeak**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

David Van Fossaw.

Licensed Embalmer No. *4242.*

P. O. Address. *2906 Marvise*

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.