

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12184

FILED APR 8 1944

Registration District No. _____

Primary Registration District No. 3069

Registrar's No. 799

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1200 N. Day Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 93

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 1200 N. Day Road
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARIA CAROLINA SCHUMACHER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F 5. Color or race W 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 APRIL 11 1893
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Christian Schumacher

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)?

14. Maiden name Maria Carolina Epper

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)?

16. (a) Informant Christian L. Schumacher

(b) Address 1200 N. Day Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 13 '44
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cme.

18. (a) Signature of funeral director _____
(Name and address of funeral home, if any)

(b) Address _____

19. (a) APR 4 - 1944 (Date received local registrar)

(b) E. G. McKeever, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30 year 1944 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from 2/27, 1944, to 3/30, 1944 that I last saw her alive on 3/30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Cardiovascular disease Duration 15 yrs.

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations 936

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) _____

(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 J. D. Stangle (M. D. or other) M.D.

Address 104 W. Adams, Webster Date signed 4/1/44

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

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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 John M. Meyer
Licensed Embalmer No. 3285
P. O. Address Kirkwood, Mo.

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.

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