

S. No. 2  
4-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39162  
39067

FILED NOV 25 1946

1003

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. \_\_\_\_\_ Registrar's No. 9444

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: City Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution On Arrival  
(Specify whether  
In this community 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4915 Penrose St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK CURMAN (Schuerman)  
3. (b) If veteran, name war No.  
3. (c) Social Security No. 493-10-0883

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2  
year 1946 hour ? minute 20 M. 9  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Theresa Schuerman  
6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased Oct 10 1879  
(Month) (Day) (Year)

Immediate cause of death Labor Pneumonia  
Due to \_\_\_\_\_  
Due to 108  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
67 0 22 hr. \_\_\_\_\_ min.

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

9. Birthplace Unk Austria  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Foundry

12. Name Unk

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

14. Maiden name Unk

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

16. (a) Informant Andrew Roegner

(b) Address 4915 Penrose St.

17. (a) Burial (b) Date thereof Nov 5 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director J. F. Bredek  
(b) Address 3934 N. 20th St.

19. (a) NOV 4 1946 (b) J. F. Bredek  
(Date of medical registration) (Registrar's signature)

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) \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Signature Petruck Clayton (M. D. or other) 3  
Address 1300 Clark St. Date signed 11/4/46

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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..... *G. G. Smithers* .....

Licensed Embalmer No. *3916* .....

P. O. Address. *3934 N. 20 St.* .....

**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.**