

FILED DEC 9 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10096**

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:
4631a Moraine 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

3. (a) PRINT FULL NAME **Annie S. Schumacher**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Henry Schumacher** 6. (c) Age of husband or wife if alive **81** years

7. Birth date of deceased **October 8th 1866**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	1	16	hr. _____ min. _____

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

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER { 12. Name **Frank Landwehr** 4
 13. Birthplace **Germany** 4
 (City, town, or county) (State or foreign country)
 14. Maiden name **Catherine Sievera** 4
 15. Birthplace **Germany** 4
 (City, town, or county) (State or foreign country)

16. (a) Informant **Henry Schumacher**
 (b) Address **4631A Moraine Ave**

17. (a) **Burial** (b) Date thereof **Nov 28 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Zion Cemetery**

18. (a) Signature of funeral director **Calvin F Feutz**

(b) Address **4828 Nat. Bridge Blvd**

19. (a) **NOV 26 1946** (b) **J. F. Bredek**
 (Date received and remarks) (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. **4631a Morain Ave**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **24**
 year **1946** hour **8^P** minute **45^P** M.

21. I hereby certify that I attended the deceased from **Mar 24, 1947** to **Nov 25, 1946**
 that I last saw him alive on **May 25, 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Coronal Dilatation** Duration **3 days**
 Due to **chronic myocarditis**
chronic endocarditis
 Due to **myocardial infarction**
arteriosclerosis
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 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) Means of injury **0**

23. Signature **H. E. Manning** (Specify type of place) Date signed **11/21/46**
 Address **4548 Harris Dr**

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

1-2 p.m.
15-4
80-5768

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 A. Miller
Licensed Embalmer No. 4186
P. O. Address St. Louis 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.