

FILED FEB 5 1947

State File No.

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 186

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town Osceola

(c) Name of hospital or institution: Villa Green
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Seven Years
(Specify whether)

In this community Seven Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. Yella Green
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Sister Mary Gottharda Schomaker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18th year 1947 hour _____ minute 8 M.

21. I hereby certify that I attended the deceased from Jan 6 1947 to Jan 18 1947

that I last saw her alive on Jan 16 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 2 1859
(Month) (Day) (Year)

Immediate cause of death Myocarditis Chronica

Duration Heart

8. AGE: Years 87 Months 10 Days 16 If less than one day hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Fort Madison Iowa
(City, town, or county) (State or foreign country)

Other conditions Nephritis Chronica, Par
(Include pregnancy within 3 months of death) anephria, Senility

10. Usual occupation Teacher

Major findings: _____
Of operations _____

Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name Theodore Schomaker 4

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

14. Maiden name Mary Hempel

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

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? _____

16. (a) Informant Sister Mary Tolentine

(b) Address 1200A Riverside Drive

While at work? _____ (Specify type of place)

(c) Means of injury _____

17. (a) Villa Green (b) Date thereof Jan 21 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yella Green

23. Signature John C. ... (M.D. or other) _____
Address 1500A ... Date signed 1/20/47

18. (a) Signature of funeral director ...

(b) Address 2420 Michigan Ave

19. (a) 1-27-47 (b) ...
(Date received local registrar) (Registrar's signature)

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.....
Olney E. Funder

Licensed Embalmer No. *4148*

P. O. Address.....

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.