

S. No. 2
M-1245
v. 5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32994**
Registrar's No. **9199**

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

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:
Max Starkloff City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 Hrs.**
(Specify whether _____)
In this community _____ **69 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **ovo**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3510 No. 9th Street** **9**
(If rural, give location) **26**
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Henry F. Schuermann**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Male** 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 16 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 2 16 hr. min.

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

10. Usual occupation **Carpenter**

11. Industry or business **Self**

12. Name **Peter Schuermann**

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

14. Maiden name **Wilhelmina Heuer**

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr August Schuermann Brother**

(b) Address _____

17. (a) **Burial** (b) Date thereof **Oct 4 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cemetery**

18. (a) Signature of funeral director **Beiderwieden Funeral Home**
(b) Address **1936 St. Louis Ave**

19. (a) **OCT 3 1947** (Date received local registrar)
J. F. Kieduck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **3**
year **1947** hour **10:00** minute **35 A** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of skull**
2 Pulmonary embolism
When he fell of the curb
Due to **13th and St Louis 11:00 A.M. Oct 1,**
1947 **Opening by old footings**
became **where he fell while**
working in a garage **the new**
garage **4348 South Olive** **June 23, 1947**
(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) **Accident**

(b) Date of occurrence **Oct 1 1947**

(c) Where did injury occur? **St Louis Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street

(e) Means of injury **6 above**

23. Signature **Patricia E. Juyal** (M.D. or other) **74**
Address _____ Date signed **10/3/47**

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 Walter Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis Ave

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.