S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18000

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 4588

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: 2314 S. 10th
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 510
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2314 S. 10th 9
(If rural, give location) 23 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY SCHOMAKER
3. (b) If veteran, name war C
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) ~~Single, widowed~~, married, ~~divorced~~ LYDIA
6. (b) Name of ~~husband~~ or wife LYDIA
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 2 (Day) 1879 (Year)
8. AGE: Years 68 | Months 9 | Days 15 | If less than one day hr. min.
9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business

FATHER
12. Name SCHOMAKER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant LYDIA SCHOMAKER
(b) Address 2314 S. 10th
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST. MARCUS
18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS
19. (a) MAY 17 1948 (Date received local registrar) (b) J. F. Breuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 17 year 1948 hour 7 minute 40 A.M.
21. I hereby certify that I attended the deceased from May 3-48 to May 17-48 that I last saw h. alive on May 16-48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 day
Due to: Essential hypertension	2 yrs
Due to: Essential	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 T. Schindewolf (M. D. or other) MD
Address 2026 Pine Date signed 5/17/48

T SCHINDEWOLF.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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: Homer C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Travis

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.