

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3307**
187
Registrar's No.

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 3069	State File No. 3307 187	
1. PLACE OF DEATH a. COUNTY ST LOUIS.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. LENGTH OF STAY (in this place) 87	c. CITY (If outside corporate limits, write RURAL and give township) Genay -		4870
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY Hosp.			d. STREET ADDRESS (If rural, give location) 300 West Pelton		
3. NAME OF DECEASED (Type or Print) a. (First) Richard.		b. (Middle) LEE	c. (Last) SCHUMACHER	4. DATE OF DEATH (Month) (Day) (Year) 1-21-1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single -	8. DATE OF BIRTH 12-27-1948	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR (Months) (Days) - 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME Leo J. Schumacher		13b. MOTHER'S MAIDEN NAME Esther Ahlers		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leo J. Schumacher 300 West Pelton		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2001		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION e.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11/20, 1949 , to 4/21, 1950 , that I last saw the deceased alive on 4/21, 1950 , and that death occurred at 10:10 am. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Edward J. ...		23b. ADDRESS 324 ...		23c. DATE SIGNED 1/21/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-33-1950	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St. Louis Mo		
DATE REC'D BY LOCAL JAN 21 1950		REGISTRAR'S SIGNATURE Herbert R. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambergmehl 3819 S Grand		

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

3211 S Grand 11-1-50

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *George Klingbein*
Student Embalmer No.
Licensed Embalmer No. *4611*
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.