FILED MAR 12 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6903

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 108

1. PLACE OF DEATH

a. COUNTY: ST. LOUIS

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS Co. HOSPT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MISSOURI

b. COUNTY: ST LOUIS

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PAGEDALE 4281

d. STREET ADDRESS (If rural, give location): 7314 WEBB

3. NAME OF DECEASED (Type or Print)

a. (First): DEDRICH

b. (Middle):

c. (Last): SCHUMACHER

4. DATE OF DEATH (Month) (Day) (Year): JAN. 14 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: OCT 18-1898

9. AGE (In years last birthday): 53

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): UNIONDALE ILL

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: DEDRICH-SCHUMACHER

13b. MOTHER'S MAIDEN NAME: HANNA EFFIE

14. NAME OF HUSBAND OR WIFE: MILDRED SCHUMACHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES

(If yes, give war or dates of service): #1

16. SOCIAL SECURITY NO.: 447-20-6784

17. INFORMANT'S SIGNATURE OR NAME: MILDRED SCHUMACHER

ADDRESS: 7314 WEBB

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) Traumatic destruction brain tissue

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gunshot wound of head.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Pending

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pagedale St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 30, 1951 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Gunshot wound of head.

22. *I hereby certify that I attended the deceased from* 12-30-, 1951, *to* 1-14-, 1952, *that I last saw the deceased alive on* 1-14-, 1952, *and that death occurred at* 7:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Salvatore R. Reggio (Degree or title): M.D.

23b. ADDRESS: 601 S. Brentwood, Clayton, Mo.

23c. DATE SIGNED: 1-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: 1/17/52

24c. NAME OF CEMETERY OR CREMATORY: OAKGROVE CEM.

24d. LOCATION (City, town, or county) (State): LONEDELL, MO.

DATE REC'D BY LOCAL REG.: 1-15-52

REGISTRAR'S SIGNATURE: Herbert R. Domke, MD

25. FUNERAL DIRECTOR'S SIGNATURE: JOS. W. CLARK

ADDRESS: 1125 HODIAMONT

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

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.