

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22615

State File No.

FILED JUN 21 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4621**

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

1. PLACE OF DEATH a. COUNTY			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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 12 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 14, 4366		d. STREET ADDRESS (If rural, give location) 1326 Coolidge Drive
3. NAME OF DECEASED (Type or Print) CHARLES F. SCHUERMAN			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH May 17, 1952			(Month)	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 7, 1884	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired clerk			10b. KIND OF BUSINESS OR INDUSTRY Mallinckrodt Chem		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Schuermann,		13b. MOTHER'S MAIDEN NAME u.k.		14. NAME OF HUSBAND OR WIFE Deceased Caroline Schuermann,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 488-03-1483A	17. INFORMANT'S SIGNATURE OR NAME Charles J. Schuermann, ADDRESS 1326 Coolidge		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) None			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer head of pancreas			INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) with metastasis of the liver		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Cancer head of pancreas, with metastasis of the liver				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? 157X			
22. I hereby certify that I attended the deceased from April 21, 1952, to May 17, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 1:10 P.M., from the causes and on the date stated above.					
23a. SIGNATURE S. Pawl (Degree or title) M.D.			23b. ADDRESS 2573 Woodson Road Overland, Mo.		23c. DATE SIGNED 5-19-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 20, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. MAY 19 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock, ADDRESS 2117 E. Grand Blvd.		

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Main

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.