

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19879**  
Registrar's No. **4954**

FILED JUN 1 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2739 Semple</b>		d. STREET ADDRESS (If rural, give location) <b>2739 Semple</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUISE</b>		b. (Middle) <b>20</b> c. (Last) <b>69 SCHUERMANN</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>		8. DATE OF BIRTH <b>20 March 1871</b>	
9. AGE (In years last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Henry Petering</b>	
13b. MOTHER'S MAIDEN NAME <b>Johanna Vollmer</b>		14. NAME OF HUSBAND OR WIFE <b>Louis Schuermann</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Miss Leona Schuermann</b>		ADDRESS <b>2739 Semple</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive-Cardio-Vascular-renal Disease</b>		DUPLICATE OF (a)		<b>10 years</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (b)			
DUPLICATE OF (c)		DUPLICATE OF (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Incontinence</b>				<b>17 m s.</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>442x</b>	

22. I hereby certify that I attended the deceased from **MAY 15, 1948** to **MAY 15, 1953** that I last saw the deceased alive on **MAY 14, 1953** and that death occurred at **7:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>O.B. Tamm M.D.</b>		23b. ADDRESS <b>4222 N. Grand</b>		23c. DATE SIGNED <b>5-16-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>18 May 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>MAY 18 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Beiderwieden F.H. Inc.</b>	
				ADDRESS <b>1936 St. Louis Ave</b>	

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

Dr. Tjoflat  
4222 N. Grand  
11:00 to 2:00 Sat.

**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 Max L. Waife

Licensed Embalmer No. 4170

P. O. Address St Louis, Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.