

FILED JUN 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17038

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>140</u>	
1. PLACE OF DEATH a. COUNTY <u>St Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Bonne Terre</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY OR TOWN <u>Farmington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>105 Bailey St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Emily</u> c. (Last) <u>Schramm</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Feb. 19 1877</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery House</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ste. Genevieve Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry Schramm</u>		13b. MOTHER'S MAIDEN NAME <u>Phillipena Herter</u>		14. NAME OF HUSBAND OR WIFE <u>Never married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-09-5486</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E.C. Schramm, Farmington, Mo.</u>			
18. CAUSE OF DEATH PER line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myeloblastic leukemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>	
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. <u>Arteriosclerotic heart disease</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2042</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>5-11</u> , 19 <u>54</u> , to <u>5-20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-20</u> , 19 <u>54</u> , and that death occurred at <u>1:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C.E. Carleton M.D.</u>				23b. ADDRESS <u>Farmington Mo</u>		23c. DATE SIGNED <u>5-21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/24/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 21, 1954</u>		REGISTRAR'S SIGNATURE <u>Coother Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Fun'l Home, Farmington, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 48

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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 _____
Signature of Student Embalmer

Signed *Beul Koyal*

Licensed Embalmer No. 412

P. O. Address *Farming*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.