

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

10353

FILED MAR 27 1956

State File No. _____

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY City of St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Francois Twp.		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 23 yrs. 25 das.		e. STREET ADDRESS (If rural, give location) 4830 Sacramento	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #4.			
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) - - - c. (Last) SCHUERMANN		4. DATE OF DEATH (Month) (Day) (Year) March 15, 1956.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 17, 1880.
9. AGE (In years last birthday) 75		10. MONTHS 9 DAYS 28 HOURS - MIN. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Henry C. Horstmeyer	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Fred C. Schuermann
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME L.C. Schuermann ADDRESS Centralia, Illinois, 206 City National Bank Bldg.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, terminal - - - - -		
	ANTECEDENT CAUSES DUE TO (b) Fracture of neck of left femur on 1-18-56. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 9047 45	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mental Hospt. ward	21c. (CITY, TOWN, OR TOWNSHIP) St. Francois Twp. (COUNTY) St. Francois (STATE) Mo.
21d. TIME OF INJURY 1-18-56 2:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell accidentally on the ward.

22. I hereby certify that I attended the deceased from Jan. 18, 1956, to March 15, 1956, that I last saw the deceased alive on March 15, 1956 and that death occurred at 4:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John D. Brennan M.D.	23b. ADDRESS State Hospital No. 4, Farmington, Mo.	23c. DATE SIGNED 3-15-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/17/56	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. Mar 15, 1956	REGISTRAR'S SIGNATURE Cather Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ ADDRESS 4828 Natural Bridge Blvd., St. Louis, 15, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 2 1950

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..... *Ch Cozean*

Licensed Embalmer No. *40*

P. O. Address *Farmington*

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.