THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

44392

STATE FILE NUMBER

FILED DEC 20 1956

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2904

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crestwood — Inside Limits Yes X No ☐	c. CITY OR TOWN Crestwood 4790 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 815 Sanders Pl. — Length of stay in lb 6 Years	d. STREET ADDRESS (If outside, give location) 815 Sanders Place, 19 — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First NELLIE	Middle J. E.	Last SCHUMACHER
4. DATE OF DEATH	Month Dec.	Day 7th,	Year 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐	8. DATE OF BIRTH Oct. 9th, 1872
9. AGE (In years last birthday) 84	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) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Quincy, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Merten		14. MOTHER'S MAIDEN NAME Caroline M. Gerdemann	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Raymond E. Schumacher, 63 Webster Woods, 19	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Auricullar fibrillation

DUE TO (c) Arteriosclerosis 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year ----

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-1-56, to 12-7-56 and last saw her alive on 12-1-56

Death occurred at 9:20PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. A. Goodrich M. D.	22b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Mo.	22c. DATE SIGNED 12-8-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/10/56	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Mem. Gardens
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.	25. DATE RECD. BY LOCAL REG. 12-9-56	26. REGISTRAR'S SIGNATURE Herbert B. Domke M.D. Dr.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms, no diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

2:00PM to 4:00PM
Saturday Sure

File in County

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph G. Zindus

Licensed Embalmer No. 42

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.