

Health,
Welfare
Public
Service

300
1-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 2 2 8 7 5
STATE FILE NUMBER
318 Primary Registration District No. 1003 Registrar's No. 5361

FILED JUN 20 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5361

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis ✓ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Length of stay in lb		d. STREET ADDRESS 7015 Berthold Ave. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last VICTOR J. SCHUMACHER				4. DATE OF DEATH Month Day Year JUNE 7, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 6 1883	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 9 Days 1 Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Claim Adjuster		10b. KIND OF BUSINESS OR INDUSTRY Rice Stix D.G.Co.	
11. BIRTHPLACE (City and state or country) Perin, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME John Schumacher				14. MOTHER'S MAIDEN NAME Emma Spengle			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 489-07-1977		17. INFORMANT North Little Rock, Ark. Victor J. Schumacher, Jr.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>A cute myo cardial infarction</i> DUE TO (b) <i>Arteriosclerotic coronary artery disease</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <i>Not known</i> <i>ii</i>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>420.1</i>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>1952</i> to <i>6-7-57</i> and last saw <i>him</i> alive on <i>6-6-57</i> Death occurred at <i>10:00 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Carl Smith M.D.</i>				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 6/7/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 10 1957		23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City, town, or county) (State) Edwardsville, Ill.	
24. FUNERAL DIRECTOR A.H. Bocklage 6536 Clayton Rd.				25. DATE RECD. BY LOCAL REG. JUN 8 '57		26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i> <i>m8B.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Stanley J. [Signature]*.....

Licensed Embalmer No. *41*

P. O. Address *[Signature]*

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.