

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020483  
State File No. ....

FILED MAY 19 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1300

40014

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Valley Park</u> )		c. CITY (If outside corporate limits, write RURAL and give township) <u>Afton</u> <u>4830</u>	
c. LENGTH OF STAY (in this place) <u>2 Months</u>		d. STREET ADDRESS (If rural, give location) <u>9848 Arv - Ellen</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moll Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Eckhardt</u> c. (Last) <u>Schuermann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1958</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 13, 1886</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 WKS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Amer. Packing Co</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John David Schuermann</u>	13b. MOTHER'S MAIDEN NAME <u>Marie Kunz</u>	14. NAME OF HUSBAND OR WIFE <u>Louise M. Schuermann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>488-10-3779</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruth Ehlen</u> ADDRESS <u>9848 Arv-Ellen</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 yrs.</u> <u>3 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senescent arteriosclerosis</u> DUE TO (c) <u>331X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile dementia</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-15-58, to 5/12, 1958, that I last saw the deceased alive on 5/12, 1958, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. A. Sheshinski</u> (Degree or title)	23b. ADDRESS <u>Kirkwood 725 9th</u>	23c. DATE SIGNED <u>5/13/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>	24b. DATE <u>May 15, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-13-58</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander &amp; Sons</u> ADDRESS <u>6175 Delmar Blvd</u>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Joseph E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Dilmas

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