

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031392
STATE FILE NUMBER

8
FILED SEP 12 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2241

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY St. Louis)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Manchester 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION H1 # 100		Length of stay in lb life	d. STREET ADDRESS H1 # 100
3. NAME OF DECEASED (Type or print) First Middle Last . Anton Schumacher		4. DATE OF DEATH Month Day Year 8/25/58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 20, 1860
9. AGE (In years last birthday) 97		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Blacksmith	11. BIRTHPLACE (City and state or country) Manchester, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Own shop	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Nick Schumacher		13b. MOTHER'S MAIDEN NAME Victoria Fleig	14. NAME OF HUSBAND OR WIFE Frances Schumacher
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mary Coleman, Manchester, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Adrenal Failure			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b) _____ DUE TO (c) Senescence			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		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 1945 to 1958 and last saw her alive on Aug 26 1958 Death occurred at 10:45 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dweller or title) <i>J. J. Callingham</i> DO		22b. ADDRESS Valley Park, Mo.	
		22c. DATE SIGNED Aug 27-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/28/58	
23c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery,		23d. LOCATION (City, town, or country) Manchester, Mo.	
24. FUNERAL DIRECTOR Schrader Funeral Home, Ballwin, Mo.		25. DATE RECD. BY LOCAL REG. 8-27-58	
		26. REGISTRAR'S SIGNATURE <i>Herbert R. Dombke M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Richard M. Bopp*

Licensed Embalmer No. 4584.....

P. O. Address Ballwin, Mo.

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.