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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-046291
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11747

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST LOUIS — Inside Limits: Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): FIRMIN DESLOGE HOSP. — Length of stay in 1b: 11 / 189

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY:

c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 3541 A VISTA — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First GRACE — Middle J — Last SCHUMAN

4. DATE OF DEATH: Month 12 / Day 4 / Year 1958

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: NOV 14 1886

9. AGE (In years last birthday): 72 — 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): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U-S-A

13a. FATHER'S NAME: HENRY HANNIGAN

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: EDWARD SCHUMAN

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.: NONE

17. INFORMANT: EDWARD SCHUMAN — Address: 3541 a VISTA

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): MYOCARDIAL INFARCTION
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROTIC HEART DISEASE
DUE TO (c): DIABETES MELLITUS 260XB
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): SYPHILIS

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from NOV. 15, 1958, to DEC 4, 1958 and last saw her alive on DEC. 3, 1958
Death occurred at 5 30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John H Winter M. D.

22b. ADDRESS: 307 S. Euclid St. Louis Mo

22c. DATE SIGNED: 12/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: DEC 6 1958

23c. NAME OF CEMETERY OR CREMATORY: NEW ST. MARCUS

23d. LOCATION (City, town, or county) (State): ST. LOUIS, MO

24. FUNERAL DIRECTOR: Thomas Kutis — ADDRESS: 2906 Gravois

25. DATE RECD. BY LOCAL REG.: DEC 6 '58

26. REGISTRAR'S SIGNATURE: J Carl Smith MD MJD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address Florissant, M

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.