

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017302

FILED VS MAY 13 1960

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 4577**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS		Length of stay in 1b 74 YEARS		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4117 SCHILLER PLACE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First CLARA Middle (N.M.I.) Last SCHAUMBURG				4. DATE OF DEATH Month APRIL Day 28 Year 1960									
5. SEX FEMALE		6. COLOR OR RACE CAUCASIAN		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/16/1886		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME LOUIS SCHEINERMANN				13b. MOTHER'S MAIDEN NAME MARGARETE HOESCH				14. NAME OF HUSBAND OR WIFE HENRY SCHAUMBURG					
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. _____		17. INFORMANT Address HENRY M. SCHAUMBURG, 4117 SCHILLER PALCE ST. LOUIS, MO							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Pulmonary edema										2 hours			
DUE TO (b) Pulmonary Embolism										2 days			
DUE TO (c) Auricular Fibrillation										6 yr plus			
Heart disease, Rheumatic, with Mitral Stenosis and Cardiac Insufficiency										?			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410X										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m.		Month, Day, Year											
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 5/24/1954 to 4/28/60 and last saw her ALIVE on 4/28/60 Death occurred at 2:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Lucas V. Stenschel, M.D.				22b. ADDRESS 4401 Hampton Avenue				22c. DATE SIGNED 4/29/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5/2/1960		23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK				23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI					
24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET, ST. LOUIS, MO.				25. DATE RECD. BY LOCAL REG. APR 29 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Eric C. Brown*

Licensed Embalmer No. 4769

P. O. Address St Louis

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