

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-021949**

FILED VS JUN 6 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1668 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Manchester</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b <b>22 Mos.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Manchester Nursing</b>		d. STREET ADDRESS (If outside, give location) <b>4560 Shaw</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Fred</b> Middle <b>Schumann</b> Last			4. DATE OF DEATH Month <b>MAY</b> Day <b>25</b> Year <b>1960</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/6/1880</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>August</b>		13b. MOTHER'S MAIDEN NAME <b>Marie Dippel</b>	
14. NAME OF HUSBAND OR WIFE <b>Rose M.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Erna Koellhofer</b>		Address <b>6307 Mardel</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **CHRONIC MYOCARDITIS**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **SENILITY**

DUE TO (c) \_\_\_\_\_

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) **NONE**

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  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 **JULY 1, 1958** to **MAY 25, 1960** and last saw her <sup>her</sup> alive on **MAY 24, 1960**  
Death occurred at **9:15 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>B.R. Loving</b> (Dress or title) <b>M.D.</b>	22b. ADDRESS <b>BALLWIN, Mo.</b>	22c. DATE SIGNED <b>5-25-60</b>
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23a. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	23b. DATE <b>5/27/60</b>	23c. LOCATION (City, town, or county) (State) <b>St. Louis, Co. Mo.</b>
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24. FUNERAL DIRECTOR <b>Schumacher</b> ADDRESS <b>3013 Meramec</b>	25. DATE RECD. BY LOCAL REG. <b>5-25-60</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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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 Jack Haupt  
Licensed Embalmer No. 479

P. O. Address St. Louis

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