

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

60-048293

LED VS DEC 16 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3426 STATE FILE NUMBER

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Saint Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy | | c. CITY OR TOWN Saint Louis | |
| Length of stay in 1b 2 days | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp. | | d. STREET ADDRESS (If outside, give location) 1155 Canaan | |
| 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 Julius Middle Last Schumacher | | | 4. DATE OF DEATH Month Nov. Day 25, Year 1960 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-11-1876 | 9. AGE (last birthday) 84 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired watchman | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | 11. BIRTHPLACE (City and state or country) S. Illinois. | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Julius Schumacher | | 13b. MOTHER'S MAIDEN NAME Mary Glaser | | 14. NAME OF HUSBAND OR WIFE Anna Schumacher | |
| 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. 494-05-5319 | | 17. INFORMANT Edward Schumacher, 1150 Riverview | |

| | | |
|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Metastatic Carcinomatous DUE TO (b) Carcinomatous DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH unknown |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 Month, Day, Year a.m. p.m. | | |

| | | | | |
|---|--|--|------------------------------------|-------|
| 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 St. Louis Co. Mo. | COUNTY St. Louis Co. Mo. | STATE |
| 21. I attended the deceased from 11-22-60 to 11-25-60 and last saw him alive on 11-24-60 Death occurred at 1:24 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

| | | |
|---|--|---|
| 22a. SIGNATURE <i>W.C. Gardner</i> (Degree or title) | 22b. ADDRESS 907 Crystal St. | 22c. DATE SIGNED 11-25-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 11-29-60 | 23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery |
| 23d. LOCATION (City, town, or county) St. Louis Co. Mo. | | (State) |

| | | | |
|---|---------|---|---|
| 24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME 8319 Halls Ferry | ADDRESS | 25. DATE RECD. BY LOCAL REG. 11-26-60 | 26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i> |
|---|---------|---|---|

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

signified
method border
referred as
on

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 *John J. Harrison*

Licensed Embalmer No. 4108
P. O. Address *St. Louis, 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.