

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009370
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2085**

DO NOT WRITE ON THIS STUB
AMENDED

VS 300
Rev. 4/59

1
46333

3

4 0

5 1

6

7 1

8 1

9

10

11

12 81-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED MAR 8 1963		1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 5 wks.		c. CITY OR TOWN Olivette		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) #6 Covington Meadows		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) FREDERICK L. SCHUMAKER			4. DATE OF DEATH Feb. 24, 1963				
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 12-27-08	
9. AGE (last birthday) 54		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Vice-Pres.		10b. KIND OF BUSINESS OR INDUSTRY Food		11. BIRTHPLACE (City and state or country) Philadelphia, Pa.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME L.J. Schumaker		13b. MOTHER'S MAIDEN NAME Dora Turner		14. NAME OF HUSBAND OR WIFE Laura F. Schumaker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) yes WW II		16. SOCIAL SECURITY NO.		17. INFORMANT Address Meadows Laura F. Schumaker, 6 Covington			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a)		Peritonitis, post surgical		INTERVAL BETWEEN ONSET AND DEATH 1 week	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		Adenocarcinoma of Trans colon		6 weeks	
		DUE TO (c)		1531			
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 checked="" type="checkbox"/> NO <input 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 Feb 1 1963 to Feb 24 63 and last saw her/him alive on Feb 24, 1963 Death occurred at 6:30A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Alan McFee M.D.				22b. ADDRESS 100 N Euclid Ave		22c. DATE SIGNED 2/25/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 2-26-1963		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 9450 Olive Blvd.				25. DATE RECD. BY LOCAL REG. FEB 25 1963		26. REGISTRAR'S SIGNATURE Loard Smith, M.D.	

MEDICAL CERTIFICATION

OK
Klein & Taylor
2-26-63

USE BLACK INK OR TYPEWRITER RIBBON

Mr. C. Allen McEwen
4100 W. Euclid
Edin, 385
Oct. 18, 1934

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 W. Kings Highway

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.