

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

35048

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. 4651, Kennedy Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 10197  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Fred Schuchman  
 (a) Residence. No. 4651, Kennedy Ave., 11 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Opel Schuchman</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 4 - 1886</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>4</u>
	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Teamster</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 14<sup>th</sup> 1927

17. I HEREBY CERTIFY, That I attended deceased from 11/9/27 to Nov 14 1927 that I last saw him alive on Nov 14<sup>th</sup> 1927, and that death occurred, on the date stated above, at 5:15 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocardial Regurgitation

97A  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) POA  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Peter Beck, M. D.  
11/14, 1927 (Address) 4701 St. Louis Ave.

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Edward Schuchman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?  
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?  
 (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. Opel Schuchman  
 (Address) 4651 Kennedy Ave.

15. FILED OV 15 1927 REGISTERED Mar. B. Starkeff

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Westville Mo. DATE OF BURIAL 11-17 1927

20. UNDERTAKER Geo. L. Pleitach ADDRESS 5966 Easton Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE THE NET, WITH ON-PACKING INSTRUMENTS IS A PERMANENT RECORD

Dr Cook  
4701 a St Louis