WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

18956

File No. 5367

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. , Sanitarium St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Philip Schuchmann

(a) Residence. No. 4929 Genevieve St., 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF: Lena Schuchmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 13, 1853

7. AGE: Years 75 | Months 1 | Days 2 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Unknown
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: William T. Geitler M.D.
(Address) 5380 Arsenal St.

15. MAY 16 1928 FILED. Mary C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/15 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to May 15, 1928, that I last saw ~~heard~~ alive on May 15, 1928, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Broncho-pneumonia
DIS 1676 908
(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis
(duration) 2 yrs. — mos. — ds. +

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

5/16 (Signed) William T. Geitler, M. D.
5/16, 1928 (Address) 5300 Arsenal St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bethania Cem — DATE OF BURIAL: May 18 1928

20. UNDERTAKER: Geo L. Pleitsch — ADDRESS: 5466 Easton