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.

26355

File No. 7496

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. 1453

City St. Louis (No. City Hospital St. ..... Ward)

#3687

2. FULL NAME Louis Schuckmann

(a) Residence, No. 3639 Laclede St., 19 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Girl Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 97

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

FATHER

13. NAME Philip Schuckmann

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germ.

MOTHER

15. MAIDEN NAME Katherine Unknown

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germ.

17. INFORMANT Hospital Information
(ADDRESS) Stanley Hempel City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brunswick DATE July 5, 1931

19. UNDERTAKER Hiesel
(ADDRESS) Brunswick Mo.

20. FILED JUL -3 1931 19 May [illegible]
Registrar.

Hiesel

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1931, to July 2, 1931

I last saw him alive on July 2, 1931. Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) chronic myocarditis	
(2) general arteriosclerosis	
(3) chronic nephritis	

Other contributory causes of importance:

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Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. R. Macneish, M. D.

(Address) City Hospital