

NOV 4 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo.(No. 4617 Varrelmann)

791

1003

39618

File No.....

Registered No. 10662

St. .... Ward)

2. FULL NAME Mr. Charles Schuricht(a) Residence, No. 4617 Varrelmann St., 15 Ward.Length of residence in city or town where death occurred 18 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident, give city or town and State)

## 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

Mrs. Lena Kohler Schuricht6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 2, 1839

## 7. AGE

96

YEARS

MONTHS

11

DAYS

20

If LESS than 1 day, ..... hrs. or ..... min.

## OCCUPATION

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

Shoemaker

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

Shoe Manufacturers

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

1918

11. Total time (years)

spent in this occupation.

40 years

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Saxon, Germany

## MOTHER

## 13. NAME

Unknown

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

## 15. MAIDEN NAME

Unknown

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

17. INFORMANT Mrs. Elma Weissflug(ADDRESS) 4617 Varrelmann

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Eudora, Kansas DATE October 25, 193619. UNDERTAKER Beiderwieden Funeral Home, Inc.(ADDRESS) 1936 St. Louis Avenue20. FILED OCT 24 1936 J. F. Bredeck

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1935, to Oct 22, 1936I last saw him alive on Oct 19, 1936. Death is saidto have occurred on the date stated above, at 4:30 P.M.

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

Chronic Myocarditis 1931

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... 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.....

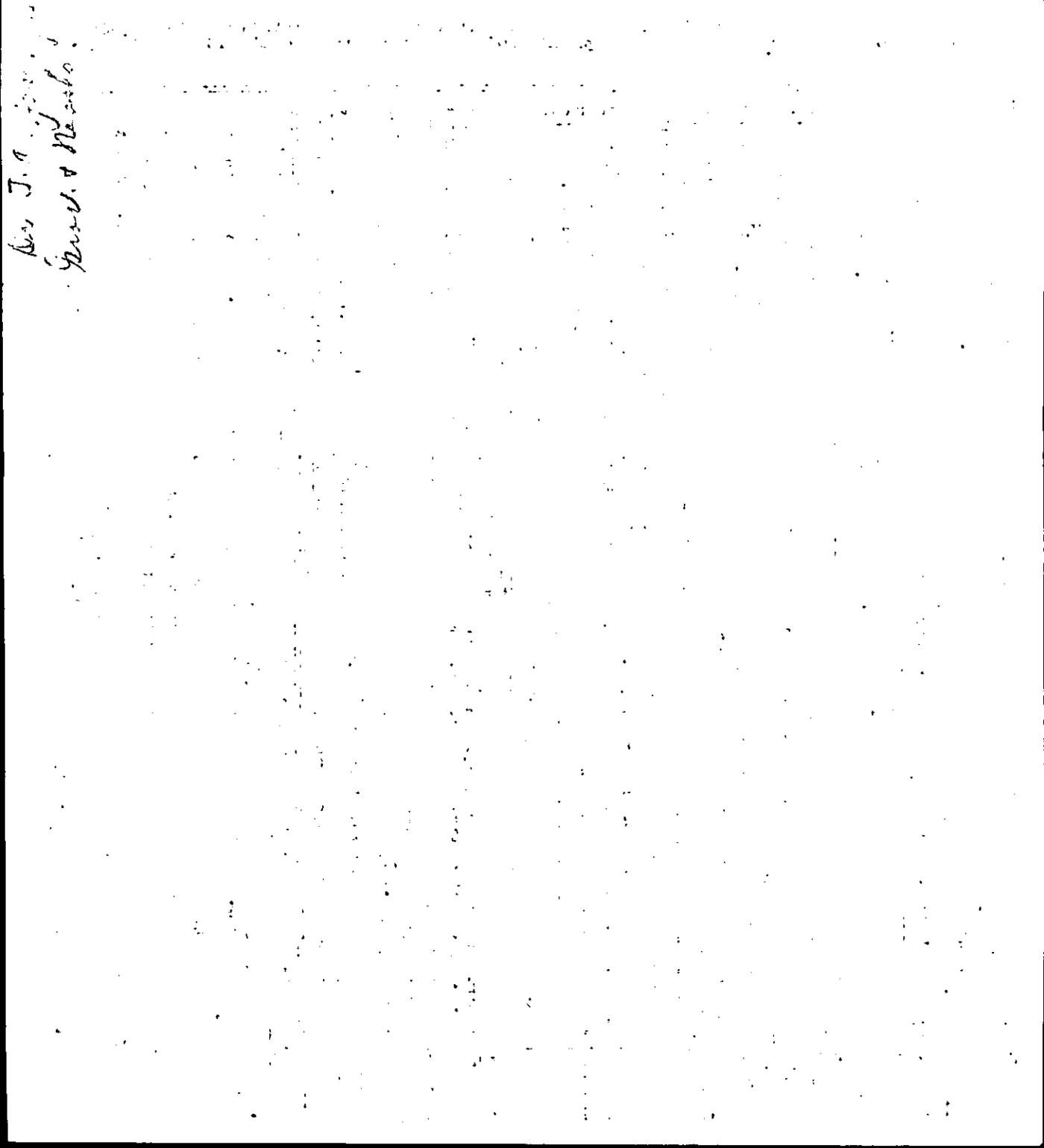
Nature of injury.....

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

If so, specify.....

(Signed) Harold Jauregui, M. D.(Address) 4602 Graven

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.



Mr. J. A. ...  
Genl. & ...