

REC'D APR 11 1939

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

10171  
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85  
(b) Township Washington Primary Registration District No. 1001 Registered No. 329  
(c) City ST. JOSEPH (d) Street No. 1818 Wulberry St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 50 yrs. mos. ds.

2. PRINT FULL NAME WILLIAM - SCHUH

(a) Residence, No. 1818 Wulberry St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christiana Schuh  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1851  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
87 8 15  
8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Leiff + Co Emp  
10. Date deceased last worked at this occupation (month and year) Apr 11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frank Germany

FATHER 13. NAME Wm Schuh

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frank Germany

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Frank Schuh  
(ADDRESS) St Joseph Mo

18. BURIAL, CREMATION, OR REBURYAL  
PLACE Ashland Cem DATE March 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Staver Funeral Home  
St. Joseph Mo

20. FILED Mar 28 1939 W.G. Westebush Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-27, 1939, to 3-27, 1939  
I last saw him alive on Some time before. Death is said to have occurred on the date stated above, 6:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy  
Paralysis heart.  
Date of onset 8/2/1

Other contributory causes of importance:

Name of operation None Date of ✓

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

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? No  
(Signed) B.B. Summons, M. D.

(Address) St Joseph, Mo.

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.

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W. I. X18603

OCT 19 1955

OCT 17 1956

**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.....

*John H. Hurley*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *John H. Hurley*.....  
Licensed Embalmer No. *4050*.....

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**