S. No. 2
M—9-4-41
5-17-39
I 1/29/43

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8775

FILED MAR 20 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2294

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Bros. Hospital, O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day, (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri, (b) County 17

(c) City or town St. Louis, 9/5
(If outside city or town limits, write "RURAL")

(d) Street No. 3215 Mt. Pleasant St.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Claude G. Schuld,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male,

5. Color or race O White

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Mathilda Schuld,

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased November (Month) 19, (Day) 1886, (Year)

8. AGE:

Years	Months	Days	If less than one day
56	3	19	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation Brewery Worker,

11. Industry or business Anheuser-Busch, Inc.,

FATHER
12. Name George Schuld,
13. Birthplace (City, town, or county) Germany, 4 (State or foreign country)

MOTHER
14. Maiden name Anna Scherer,
15. Birthplace (City, town, or county) Germany, 4 (State or foreign country)

16. (a) Informant Mrs Mathilda Schuld,
(b) Address 3215 Mt. Pleasant St.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 3/11/43 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. P. & P. Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.,

19. (a) MAR 9 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1943 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from Mar 5, 1943, to Mar 8th, 1943
that I last saw him alive on Mar 8th, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gastric hemorrhage	48 hrs
Due to Cirrhosis liver	6 mo?
Due to Ruptured vessel on mucous membrane	48 hrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cirrhosis of liver
Ruptured varicose vessel in stomach

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. D. Michael (M. D. or other) MD

Address 506 Olive Date signed 3/9/43

(Licensed Embalmer's Statement on Reverse Side)

APR 5 ~~1948~~ 1943

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Joe D. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, Mo.

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, fact should be so stated above.