S. No. 2
DM—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1944 818

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 40519

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 11640

**1. PLACE OF DEATH:**

(a) County ____

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

(c) Name of hospital or institution: None
3818 MARINE
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County ____

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3818 Marine Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME LOUIS SCHUCHMANN

3. (b) If veteran, name war --

3. (c) Social Security No. 491-14-5529

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lenchen

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

7. Birth date of deceased April (Month) 7 (Day) 1866 (Year)

8. AGE: Years 77 Months 8 Days 16 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Germany (State or foreign country)

10. Usual occupation Retired Butcher

11. Industry or business --

FATHER
12. Name Louis Schuchmann
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant William Schuchmann
(b) Address 4307 Gravois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director C. HOFFMEISTER U & L CO.
(b) Address 6464 Chippewa, St. Louis, Mo.

19. (a) DEC 24 1943 (Date received local registrar) (b) J. F. Bruecke (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 23 year 1943 hour ? minute A. M.

21. I hereby certify that I attended the deceased from Feb 1, 1942, 19__, to Nov 26, 1943, 19__, that I last saw him alive on Nov 26, 1943, 19__, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Myocarditis | more than 2 years |
| Arteriosclerosis | |
| Due to | |
| Due to | |
| Other conditions Gastro-enteritis | 2 years |
| (Include pregnancy within 3 months of death) Rt Inguinal rupture | 5 years |

Major findings:
Of operation ____
Of autopsy ____

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 Leroy E. Ellerson MD (M. D. or other) MD
Address 3610 So Broadway St Louis Mo Date signed 12-23-43

(Licensed Embalmer's Statement on Reverse Side)

## 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 Paul A. Shankli, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shankli

Licensed Embalmer No. 3472

P. O. Address 78 A S. Broadway

**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.**