

FILED DEC 5 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9965

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: EnRoute to City Hospital 2  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri  
(a) State \_\_\_\_\_ (b) County Mad  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17 16  
(d) Street No. 3829 Hartford St.  
(If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Walter A. Schuchard

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vera Davies Schuchard 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Jan. 20, 1887  
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Metropolitan Policeman

11. Industry or business \_\_\_\_\_

12. Name Adolphus Schuchard

13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

14. Maiden name Magdalena Frey

15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Vera Shuchard

(b) Address 3829 Hartford St.

17. (a) Burial (b) Date thereof Nov. 24, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director. Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) NOV 24 1944 (b) J. J. Budeck  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21  
year 1944 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Acute Stenosis  
Cardiac Hypertrophy  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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:

(c) 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Thomas J. Callahan (M. D. or other) \_\_\_\_\_

Address Deputy Coroner Date signed 11-24-44

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

MOTHER FATHER

**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.....

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

Signed Harry L. Stewart

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St.

**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.**