

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 17 1946
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **18880**
Registrar's No. **4192**

Registration District No. _____ Primary Registration District No. _____

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: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years 12 days
In this community 7 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME SCHUCK, LOUIS (SCHUG)

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 Widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 21 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 17
If less than one day _____ hr. _____ min.

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

10. Usual occupation Brass Moulder

11. Industry or business _____

12. Name ?

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

14. Maiden name ?

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

16. (a) Informant City Infirmary records

(b) Address 5800 Arsenal Street

17. (a) Burial (b) Date thereof May 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. J. Glickman

(b) Address 6409 Gravois Av

19. (a) MAY 9 1946 (b) J. J. Glickman
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 60
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 2, 1945, to May 8, 1946.

that I last saw him alive on May, 1946.

and that death occurred on the date and hour stated above:

Immediate cause of death	Duration
<u>Chronic myocarditis</u>	<u>1945</u>
<u>Pulmonary Edema</u>	<u>2 Mo.</u>

Due to Generalized Arteriosclerosis with organic brain disease.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature John P. Bowdler (M. D. or other) _____

Address 5800 Arsenal St. Date signed 5/8/46

AUG 10 1971

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..... *Homer W. Jritz*
Licensed Embalmer No..... 38820

* 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, fact should be so stated above.