

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X38671

FILED JUL 26 1947

1003

Registration District No. 318

Primary Registration District No.

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:
DE PAUL HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 14 DAYS
 In this community 45 YEARS
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
 (c) City or town. PINE LAWN
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3826 COUNCIL GROVE
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME PHILIP SCHUCHMANN
 3. (b) If veteran, name war. L
 3. (c) Social Security No. L
 4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife BELLE SCHUCHMANN
 6. (c) Age of husband or wife if alive. 60 years
 7. Birth date of deceased APR-25-1894
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 20
 year 47 hour 5 minute 30 AM
 21. I hereby certify that I attended the deceased from 7-6-47, 1947 to 7-21, 1947
 that I last saw him alive on 7-20, 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
63 2 26 hr. min.
 9. Birthplace ST. LOUIS - MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation STORE OWNER

Immediate cause of death Ruptured dissecting thoracic aneurysm.
 Due to aorta
 Due to lues
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy same

MOTHER FATHER
 11. Industry or business.....
 12. Name PHILIP SCHUCHMANN
 13. Birthplace GERMANY
 (City, town, or county) (State or foreign country)
 14. Maiden name LOUISE DEHAYER
 15. Birthplace BRIDGETON MO
 (City, town, or county) (State or foreign country)
 16. (a) Informant Belle G. Schuchmann
 (b) Address 3826 Council Grove
 17. (a) BURIAL (b) Date thereof 7-28-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CALVARY
 18. (a) Signature of funeral director L. B. Tanner
 (b) Address 6107 Natural Bridge
 19. (a) JUL 23 1947 (b) J. F. Brebeck
 (Date received local Registrar's signature) (Registrar's signature)

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?
 While at work?..... (Specify type of place) Means of injury.....
 23. Signature L. Herder M.D. (M. D. or other) 7-21-47
 Address 5899 Olive Date signed.....

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

Henry M Brammer

Licensed Embalmer No. *4200*

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.