

S. No. 2
I-1/47
5-17-39

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33342**
Registrar's No. **1954**

FILED SEP 29 1947

Registration District No. **377**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Willestou**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **6623 Page**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **38 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Willestou**
(If outside city or town limits, write "RURAL")
(d) Street No. **6623 Page**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **LOUIS SCHUCART**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **(unk)**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Lillie Schucart**
6. (c) Age of husband or wife if alive **(unk)** years
7. Birth date of deceased **JANUARY 15 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	7	29	br. min.

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

10. Usual occupation **Mgr**

11. Industry or business **Soda Water**

12. Name **Ralph Schucart**

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

14. Maiden name **Minnie** **(unk)**

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

16. (a) Informant **Herman Schucart**
(b) Address **6623 Page**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **9/17/47**
(Month) (Day) (Year)
(c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director **Berger Memorial**
(b) Address **6315 McPherson**

19. (a) **9-19-47** (Date received local registrar)
(b) **Paula [Signature]** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **14th**
year **1947** hour **8** minute **00 AM**

21. I hereby certify that I attended the deceased from **Sept. 14**, 19**47**, to **Sept 14**, 19**47**
that I last saw h. in **live on Sept 1**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral embolus**

Due to **coronary fibrosclerosis** **3 yrs**

Due to **8/3/47**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
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 **[Signature]** (M. D. or other)
Address **634 No. [unclear]** Date signed **9/16/47**

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

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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.....

.....
working under my personal supervision.

Signed Lewis R. Ludwig
Registered Apprentice No.

Licensed Embalmer No. 4229

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.