S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36237

FILED NOV 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10134

1. PLACE OF DEATH:

(a) County ST LOUIS MISSOURI

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

(c) Name of hospital or institution: 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Barnes Hospital (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 0 00

(c) City or town ST. LOUIS 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4221 ARCO AVE 9 (If rural, give location) 18 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LOUIS JOHN SCHUCHARDT

3. (b) If veteran, name war NONE

3. (c) Social Security No. 491-26-0700

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife LATE KATHERINE

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

7. Birth date of deceased July (Month) 12 (Day) 1874 (Year)

8. AGE: Years 73 Months 3 Days 19 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation UNEMPLOYED CARPENTER

11. Industry or business

FATHER
12. Name UNKNOWN SCHUCHARDT
13. Birthplace (City, town, or county) GERMANY (State or foreign country) 4

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) GERMANY (State or foreign country) 4

16. (a) Informant LOUIS SCHUCHARDT

(b) Address 4140 DETONTY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-4-47 (Month) (Day) (Year)

(c) Place: burial or cremation LAKEWOOD PARK CEM

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4208 SO. KINGSHIGHWAY

19. (a) NOV 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 1 year 47 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from 9/22/47 19 to 11/1 1947; that I last saw him alive on 11/1 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Arteriosclerotic Heart Disease

Due to

Other conditions UREMIA AND BRONCHO-PNEUMONIA (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above plus Empyema, Right

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature F R Bradley (M. D. or other)

Address Barnes Hospital Date signed 11-2-47

Jefferson City Printing Co.

(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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

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.