

FILED MAY 4 1951

STANDARD CERTIFICATE OF DEATH

State File No. 12196

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Stanberry</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Chicago</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Imile S. of Stanberry</b>		d. STREET ADDRESS (If rural, give location) <b>4213 N. Richmond</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Miss Charlotte</b> b. (Middle) _____ c. (Last) <b>Schuchman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 24 1951</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 11 1925</b>	9. AGE (In years) (Month) (Day) <b>25</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher Music</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Music</b>		11. BIRTHPLACE (State or foreign country) <b>Chicago</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Abraham Schuchman</b>	13b. MOTHER'S MAIDEN NAME <b>Kishinezsky</b>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <b>no no</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Abraham Schuchman</b>	ADDRESS <b>4213 N. Richmond</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>88104</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Auto struck by Passenger train at crossing south of Stanberry</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>South of Stanberry</b>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Charles N. McLean</b>	(Name or title) <b>Deputy M.D.</b>	23b. ADDRESS <b>Centerville Mo</b>	23c. DATE SIGNED <b>4-26-51</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>CHICAGO</b>	24b. DATE <b>4/28/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Unknown</b>	24d. LOCATION (City, town, or county) (State) <b>Chicago Ill</b>
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DATE REC'D BY LOCAL REG. <b>April 28-1951</b>	REGISTRAR'S SIGNATURE <b>Edith Schilde</b>	XXXXXX <b>430</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lately Phillips</b>	ADDRESS <b>Stonington, Mo</b>
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(Licensed) Embalmer's Statement on Reverse Side

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

0380  
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MAY 8 1951  
MAY 8 1951

**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.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Lester H. Shultz*

Signed.....  
Student Embalmer

Licensed Embalmer No. 1898

P. O. Address Stoneman, MO

**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.