FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11680

BIRTH NO. _____ REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 531 Registrar's No. 750

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City
c. LENGTH OF STAY (in this place): 4 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7025 Waterman Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: St. Louis
c. CITY OR TOWN: 4346 University City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 7025 Waterman Blvd

3. NAME OF DECEASED (Type or Print): a. (First) THEODORE b. (Middle) H. c. (Last) SCHURICHT

4. DATE OF DEATH (Month) (Day) (Year): MARCH 16, 1956

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Feb.13,1877

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired secretary

10b. KIND OF BUSINESS OR INDUSTRY: millinery

11. BIRTHPLACE (City and State or Foreign Country): New Orleans, Louisiana

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Gustav S. Schuricht

13b. MOTHER'S MAIDEN NAME: Caroline Estel

14. NAME OF HUSBAND OR WIFE: ----- NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Gus Schuricht, 7834 Colleen Avenue, Affton

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerosis, general

DUE TO (c) Pernicious anemia

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 15, 1955, *to* 3-16, 1956, *that I last saw the deceased alive on* 3-15, 1956, *and that death occurred at* 11:30 A. m., *from the cause and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E. Comey MD

23b. ADDRESS: 906 Olive St

23c. DATE SIGNED: 3-17-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar.19,1956

24c. NAME OF CEMETERY OR CREMATORY: Our Redeemer Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: 3-19-56

REGISTRAR'S SIGNATURE: Herbert R. Hanke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Beiderwieden F.H.Inc.,1936 St.Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. E. Carney
525 Frisco Bldg.

Before 10 A. M. Sat.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Felix J. Krispin

Licensed Embalmer No. 34

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.