

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

20922
File No. _____
Registered No. **5409**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **City Hospital**)

2. FULL NAME

Oliver Schuchardt
(a) Residence, No. **4215 Baisch Lane** Ward **15**
(Usual place of abode)
Length of residence in city or town where death occurred **Life** mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* **4. COLOR OR RACE** *white* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 20 - 1889*

7. AGE YEARS *42* MONTHS *7* DAYS *16* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. *Stat. Fireman*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *289 45E*

10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

13. NAME *Oliver Schuchardt*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

15. MAIDEN NAME *Louise Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

17. INFORMANT (ADDRESS) *Hospital information case # 1003 City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Small Burial Park June 8, 1932*

19. UNDERTAKER (ADDRESS) *Sty. Lechner, M.D., Co. 1417 N. Market St.*

20. FILED *7-1-32* *W. C. Ward* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 5, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *May 25, 1932, to June 5, 1932*

I last saw him alive on *June 5, 1932* Death is said to have occurred on the date stated above, at *12:47 P.M.*
The principal cause of death and related causes of importance were as follows:

Carcinoma of left Tonsil.

Other contributory causes of importance: *45E*

Name of operation _____ Date of _____
What test confirmed diagnosis? *aut.* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ (Signed) *Raymond H. Jacobs, M.D.*

(Address) *City Hospital*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Schuchardt