APR 9 1937

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

Do not use this space.

File No. 10482
Registered No. 3056

1. PLACE OF DEATH

County
Township
City St. Louis (No. 3637 South Grand St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Jacob Schuck

(a) Residence, No. 3637 S. Grand St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Clara

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1874

7. AGE: YEARS 63 MONTHS 2 DAYS about ~~24~~ 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) Mar. 1937
11. Total time (years) spent in this occupation Life

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

FATHER

13. NAME Phillip Schuck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Sattel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Dr. Phillip Schuck
(ADDRESS) 3130 Geyer

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter-Paul DATE 3/19/37 19

19. UNDERTAKER Fuller & Kelly
(ADDRESS) 1416 N. Taylor Ave.

20. FILED MAR 19 1937 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18, 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 9:27 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Gun Shot Wound in right temple self-inflicted; at 3637 S. Grand Boul., on or about Mar. 12, 1937, time unknown.
SUICIDE.

Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ..... 19....
Where did injury occur? 3637 S. Grand (Specify city or town, county, and State) see above
Specify whether injury occurred in industry, in home, or in public place. In his office, 3637 S. Grand Boul.
Manner of injury .....
Nature of injury See above.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Alfred J. Fry, M. D.
(Address) Deputy Coroner

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.

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

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