

FILED SEP 18 1944
Registration District No. 518

Primary Registration District No. 1003

State File No.

Registrar's No.

7761

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1216 Monroe St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1216 Monroe St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Louis A. Schuff

3. (b) If veteran, name war

no.

3. (c) Social Security No.

492-03-2472

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Hilda Schuff

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased

Nov. 16
(Month)

1889
(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

54

9

20

hr.

min.

9. Birthplace

St. Louis Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Sheet Metal Worker

11. Industry or business

MOTHER FATHER

12. Name

Daniel Schuff

13. Birthplace

Philadelphia Pa.

14. Maiden name

Mary Ann Wreath

15. Birthplace

Illinois

(City, town, or county)

(State or foreign country)

16. (a) Informant

Hilda Schuff

(b) Address

1216 Monroe St.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

9-9-44
(Month) (Day) (Year)

(c) Place: burial or cremation

St. Matthews Sem.

18. (a) Signature of funeral director

Wm. Bro. & Co.

(b) Address

2929 S. Jefferson Av.

19. (a) SEP 8 1944

(Date recorded local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1944 hour 9 minute 20 p. M.

21. I hereby certify that I attended the deceased from Aug 30, 1944 to Sept 6, 1944
that I last saw him alive on Aug 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary embolus

Duration

2 hrs

Due to

Chronic myocarditis 2 yrs

Due to

Chronic bronchitis 2 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to 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? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature J. C. Creane (M. D. or other) MO
Address 2504 N. 14th St. Date signed 8-8-44

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 Homer L. Ponder.....

Licensed Embalmer No. 2367.....

P. O. Address 2929 S. Jefferson av.....

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.