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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 35584

Registrar's No. 9191

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks
(Specify whether
In this community 4 weeks
years, months or days)

3. (a) PRINT FULL NAME TOBIAS SCHUCHARDT

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife: Missie Schuchardt 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May 1 1892
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 26
If less than one day hr. min.

9. Birthplace New Hanover Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William Schuchardt

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Mebertens

15. Birthplace New Hanover Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mequin Schuchardt

(b) Address Waterloo, Ill. Route 2

17. (a) Waterloo, Ill. (b) Date thereof Oct 28 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo Illinois

18. (a) Signature of funeral director Emil Quenheim

(b) Address Waterloo Illinois

19. (a) OCT 28 1946 (Date received local registrar) J. F. Bredick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Monroe
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.D. #6 NR.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1946 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from September 26, 1946, to October 27, 1946;
that I last saw him alive on October 27, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of Brain (malignant) 6 mos. (8)
Due to 5H

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations multiple tumors of Brain
Of autopsy multiple tumors of Brain

Duration

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 A. R. Shaffer (M. D. or other) Address 1020 Mo. Health Bldg. Date signed 10-28-46

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

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address P. St. Louis Ills

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.