

S. No. 300
M-10-47
v. 5-17-39
I 3905

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
National Office of Vital Statistics
FILED JAN 11 1949
318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41824
Registrar's No. 11126

Registration District No. 318

Primary Registration District No. 1005

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3449 S 2nd
(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)

3. (a) PRINT FULL NAME Nickolas Schuh
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife May 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 17 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 4 6 _____ hr. _____ min.

9. Birthplace Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Nicholas Schuh
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Meyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Nick Schuh
(b) Address 3449 S 2nd

17. (a) Burial (b) Date thereof 12/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave

19. (a) DEC 24 1948 (b) J. B. Jacotte
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3449 S 2nd (If rural, give location)
(e) 24 Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1948 hour 11 minute 45 a.m.
21. I hereby certify that I attended the deceased from June 3
1948 to Dec 23 1948
that I last saw him alive on Dec 23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Arteriosclerosis
Due to _____
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 AWVip (M. D. or other) MSD
Address 3616 P. Broadway Date signed 12/24/48

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 *W. G. Peterson*.....

Licensed Embalmer No. *3767*.....

P. O. Address *7027 Gravois*.....

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.