

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32599

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>3039</u>		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay, Missouri</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>316 Hoffmeister</u>				d. STREET ADDRESS (If rural, give location) <u>316 Hoffmeister</u>				
3. NAME OF DECEASED (Type or Print) <u>Adolph Schuchat</u>			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH <u>Sept. 17, 1949</u>			a. (Month) (Day) (Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 2, 1872</u>		
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. 10 yrs.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Buyer</u>		11. BIRTHPLACE (State or foreign country) <u>Austria</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Henry Schuchat</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Wieder</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Schuchat</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Schuchat</u> ADDRESS <u>316 Hoffmeister</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure Coronary Infarct.</u>		DUPLICATE OF (a) <u>Heart Failure</u>					<u>3 yrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (b) <u>Arteriosclerotic Heart Disease</u>					<u>15 yrs?</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4200</u>					<u>4200</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>5-15</u> , 19 <u>48</u> , to <u>9-17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-17</u> , 19 <u>49</u> , and that death occurred at <u>10A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>A. J. Hoimer</u>			23b. ADDRESS <u>M.D. 635 N. Grand</u>			23c. DATE SIGNED <u>9-19-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sep. 20, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-19-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donald, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home,</u> ADDRESS <u>6322 S. Grand Blvd.,</u>				

LE-87

Dr. A. J. Steiner  
622 Mo. Theater Bldg.  
one 5266.

2 to 6 Mon.

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed David L. Forsman

Licensed Embalmer No. 4242

P. O. Address 6322 So Grand

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.