

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

Do not use this space.

**15175
14908**

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

Township.....

Primary Registration District No.....

City **St. Louis** (No. **Central**)

Ward **1**

File No. **4100**
Registered No. **4100**
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. **1635 S Broadway** St. _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **40** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** **4. COLOR OR RACE** **White** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** **Single**
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 14 - 1887**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 3 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Cooper**
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER **John Schutzius**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Missouri**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Annie Kammer**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Java**
(STATE OR COUNTRY)

14. INFORMANT **Henry C. Westerman**
(Address) **1715 S Broadway**

15. FILED **APR 14 1928** **19** **RECEIVED**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 11 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Mark St. Louis** to **June 11, 1928** that I last saw him alive on **April 11, 1928**, and that death occurred, on the date stated above, at **6:15 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis
237 (duration) yrs. mos. da.
CONTRIBUTORY Tuberculosis of larynx
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **Henry C. Westerman**, M. D.
4/12, 1928 (Address) **City St. Louis**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **DATE OF BURIAL**
St. Olive Cemetery **4/14 1928**

20. UNDERTAKER **ADDRESS**
Southern N & L Co **1315 S Broadway**

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.

Schutzkreis