WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

43232

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis Mo. (No. Deaconess Hospital St. ..... Ward)

File No. ..... Registered No. 12538

2. FULL NAME Albert Schuettenberg

(a) Residence. No. 1605 N 18th. St. St., 26 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Stella Schuettenberg

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 19, 1899

7. AGE: Years 29 | Months 7 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Auto Driver
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Chas. Schuettenberg

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: Stella Schuettenberg
(Address): 1605 N. 18th St.

15. FILED DEC 23 1928, 19..... Guy C. Martin Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1928 to Dec 22, 1928 that I last saw him alive on Dec 21, 1928, and that death occurred, on the date stated above, at 4:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Larynx
46B
118B
93A
Acute Myocarditis following
(duration) yrs. 4 mos. ds.
CONTRIBUTORY (SECONDARY) Pod Gastroenterostomy
(duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Residence
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 8 - 28
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Operation & Autopsy
(Signed) W. Adersbury M. D
Dec 23, 1928 (Address) 3558 Lafayette

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cemetery — DATE OF BURIAL: Dec-24 1928

20. UNDERTAKER: Hy Liedtner Und. Co. — ADDRESS: 1417 N. Market St.

[illegible] 2251 Lafayette Ave