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

Do not use this space.

19593

1. PLACE OF DEATH

County..... Registration District No. 791

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

City St Louis Mo. (No. City Infirmary St. ..... St. ..... Ward)

File No. ..... Registered No. 5554

2. FULL NAME Mike Schuette

(a) Residence. No. 5900 arsenal St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-15-1856.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
74	10	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cook. 231
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Collinsville Ill.
(STATE OR COUNTY) 7

PARENTS
10. NAME OF FATHER Frank Schuette
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTY) 13
12. MAIDEN NAME OF MOTHER Don't know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTY) 131

14. INFORMANT Mrs. M. Effinger
(Address) 5800 Arsenal St.

15. FILED May 13 1931 May C. Stivelt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-12 1931

17. I HEREBY CERTIFY, That I attended deceased from 4-1-31, 19..., to 5-12, 1931 that I last saw h... alive on 5-12, 1931, and that death occurred, on the date stated above, at 7 20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
2 mo
162
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) J. J. Pleyman, M. D.
5-12, 1931 (Address) City Hospital

*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 Calvary Cemetery — DATE OF BURIAL May 14 1931

20. UNDERTAKER A. A. Gebken Undertaking Co — ADDRESS 4147 Meramec St.

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.