

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

Do not use this space.

22473

**1. PLACE OF DEATH**

County GASCONADE Registration District No. 303  
Township BARX Primary Registration District No. 5420  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

GATTLOB FREDERICK SCHUETZ

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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.  ds. How long in U. S., if of foreign birth? 60 yrs.  mos.  ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>FREDRICKA SCHUETZ</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAR-2-1852</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>4</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FARMER</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation <u>60 yrs</u>	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY 10</u>	
	13. NAME <u>LUDWIG SCHUETZ</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>	
MOTHER	15. MAIDEN NAME <u>LOUISA GAETTLI</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>	
	17. INFORMANT <u>WALTER SCHUETZ</u> (ADDRESS) <u>Hermann, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>HERMANN CITY CEM</u> DATE <u>7/19 1932</u>		
19. UNDERTAKER <u>HUGO BLUMER</u> (ADDRESS) <u>HERMANN, MO</u>		
20. FILED <u>7-19 1932</u> <u>Anna R. Riskey</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5 1932 to July 14 1932  
I last saw him alive on July 14 1932. Death is said to have occurred on the date stated above, at 5 P. m.  
The principal cause of death and related causes of importance were as follows:  
Parenchymatous Nephritis Date of onset \_\_\_\_\_  
132  
Other contributory causes of importance:  
arterial Sclerosis (D)  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? urinary Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) H. G. Reichardt, M. D.  
(Address) Hermann Mo.

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.

Aug 23 1932

