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.

15036

File No. .....

Registered No. 3562

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1203

City St Louis (No. 3707 Nat Bridge Ave St. ..... Ward)

2. FULL NAME Walter Schutte

(a) Residence, No. 3707 Nat. Bridge St., Ave 10 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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	50	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt Moriah Temple

10. Date deceased last worked at this occupation (month and year) April 1933 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME Henry Schutte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Susan MacMullin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT Mrs Lindell Schutte
(ADDRESS) 3707 Nat Bridge

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jono Cem DATE April 20, 1933

19. UNDERTAKER Drehmann Funeral
(ADDRESS) 1915 Union Blvd.

20. FILED APR 19 1933 Mar C Hardin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Febr. 10, 1933, to April 18, 1933

I last saw him alive on April 18, 1933. Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	2/10/33
93 C	
75 D	
930	
Other contributory causes of importance:	
Chronic Myocarditis	2/10/33

Name of operation None Date of .....

What test confirmed diagnosis? Cl. Finding 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? no

If so, specify .....

(Signed) Frank J. Schwarz, M. D.

(Address) 5V30 Virginia Av

5530 Virginia
11-12