

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.

MAR 24-1934

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

Do not use this space.

6927

**PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis* (No. *MO*)

Registration District No. *781*  
Primary Registration District No. *1003*

File No. ....  
Registered No. *1788* Ward

**2. FULL NAME**

(a) Residence, No. *2606 Harvard St.* Ward. *20*

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *F.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write the word*) *Infant*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 3, 1932*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*1 6 16*

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

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

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

13. NAME *Hillard Schutte*

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

15. MAIDEN NAME *Margaret Moore*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Paris MO*

17. INFORMANT (ADDRESS) *Hillard Schutte 2606 Harvard St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Forest Park MO* DATE *Feb 21, 1934*

19. UNDERTAKER (ADDRESS) *Alphonse H. Hoppe 429 N. Euclid St*

20. FILED *J. J. Brudick Registrar*

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 20, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 16, 1934*, to *Feb 20, 1934*

I last saw him alive on *Feb 19, 1934*. Death is said to have occurred on the date stated above, at *8:30 A.M.*

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

*Broncho pneumonia* Date of onset *2/16-34*

Other contributory causes of importance: *Measles*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) *Owens G. Gibson*, M. D.

(Address) *1023 N. Grand Ave St. Louis 280*

