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.

JUL 12 1935

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

Do not use this space.

21346

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 5065 Maple Ave St. ..... Ward)

File No. .....

Registered No. 5282

2. FULL NAME August H. Schuttenberg

(a) Residence, No. 5065 Maple Ave St., 12 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: 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: Evelyn Schuttenberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 24. 1881

7. AGE: YEARS 53 | MONTHS 9 | DAYS 23 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: American League Baseball Assn

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation: 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Henry Schuttenberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Maria Mossler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~XXXXXX~~ Unknown

17. INFORMANT (ADDRESS): Evelyn Schuttenberg, 5065 Maple Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Bethlehem DATE June 20, 1935

19. UNDERTAKER (ADDRESS): Teidenwieden Funeral Home Inc, 1936 St Louis Ave

20. FILED JUL 18 1935 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1934, to 6-17, 1935

I last saw him alive on 6-17, 1935. Death is said to have occurred on the date stated above, at 12:22 P M

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

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 6-17-35 |
| Chr. Interstitial Nephritis | ? |

Other contributory causes of importance: 131

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) Dr Janet Lerbow M.D.

(Address) 5329 Riverview Bldg