

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.

JAN 23 1936

41689

1. PLACE OF DEATH

County.....

Registration District No. 791
1003

Township.....

Primary Registration District No.

City *St. Louis*

(No. *6100*)

Alaska av

File No.

10933

Registered No.

St.

Ward)

2. FULL NAME *Phillip Schuetz*

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

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)

Widowed

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

Margaret

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

Dec. 15 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

70

0

9

OCCUPATION

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

Farmer

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

Retired

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)

Matthes mo

13. NAME

John Schuetz

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

Germany

15. MAIDEN NAME

Elizabeth Zisch

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

Germany

17. INFORMANT (ADDRESS)

*J. Schuetz
6100 Alaska*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Old St. Johns Cem.* DATE *12-27-1935*

19. UNDERTAKER (ADDRESS)

*C. Hoffmiller & Co.
7814 So. Broadway*

20. FILED *DEC 24 1935*

J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec. 24 , 19 *35*

22. I HEREBY CERTIFY, That I attended deceased from *12-19* , 19 *35* to *12-24* , 19 *35*

I last saw him alive on *12-23* , 19 *35* Death is said to have occurred on the date stated above, at *4:20* m.

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

Double Broncho-pneumonia Date of onset *? day*

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

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) *Walter M. Jones*

(Address) *3400 Maramee*

M. D.

Jones
La & Meramec