

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 4 1936

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

Do not use this space.

398.00

1. PLACE OF DEATH

County..... Registration District No..... **791**
Township..... Primary Registration District No..... **1008**
City..... St. Louis (No. Jewish Hospital)
St. Ward)

2. FULL NAME

Sarah Schutz

(a) Residence, No. 3821 Dunnica St. 16 Ward.
(Usual place of abode)

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 <u>female</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>Eugen Schutz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 20, 1901</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>5</u>	DAYS <u>8</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>at home</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.....

12. BIRTHPLACE (CITY OR TOWN) Gaticia
(STATE OR COUNTRY) Poland

13. NAME Abraham Dick

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

15. MAIDEN NAME Mary (unk)

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

17. INFORMANT E. Schutz
(ADDRESS) 3821 Dunnica

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 10/30/36

19. UNDERTAKER H. B. Berger
(ADDRESS) 4715 W. 1st St.

20. FILED OCT 30 1936
J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 26th to Oct 28th, 1936
I last saw her alive on Oct 28th, 1936. Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:
At. sided lobal pneumonia Date of onset 7 7

Other contributory causes of importance No

Name of operation..... Date of.....
What test confirmed diagnosis? X-ray of chest 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) H. J. Specter M. D.
(Address) 622 University Club

