

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

Do not use this space.

OCT 26 1937

1. PLACE OF DEATH

County **St. Louis**

Township **Carondelet**

City **Lemay, Mo.**

Registration District No. **1123**

Primary Registration District No. **6248 E**

9400 S. Broadway

File No. **35360**

Registered No. **394**

2. FULL NAME **Louis Harold Schutzius**
9531 Gentry

(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.

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

single (Specify the word)

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

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

Oct 4, 1933

7. AGE

YEARS

3

MONTHS

11

DAYS

18

If LESS than 1

day, ...hrs.

or min.

OCCUPATION

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

none

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 Co., Mo.

FATHER

13. NAME

William Schutzius

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

Missouri

15. MAIDEN NAME

Mary Diebold

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

Missouri

17. INFORMANT
(ADDRESS)

William Schutzius
9531 Gentry

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Olive

DATE

Sept 25/37

19. UNDERTAKER
(ADDRESS)

Fendler Und. Co.
7420 Michigan Ave.

20. FILED

Sept 25, 1937

L. Mowrey
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **3:50 p.m.**

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

Struck by a truck
while riding a
velocipede on a
public highway

Date of onset

9/22/37

Other contributory causes of importance:

Fractured skull

Name of operation **none** Date of.....

What test confirmed diagnosis **Impial** Was there an autopsy? **no**

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? **Accident** Date of injury **9/22, 1937**

Where did injury occur? **Lemay, Mo.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury **Struck by truck**

Nature of injury **Fractured skull**

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify.....

(Signed) **John D. Cozelle, M. D.**

(Address) **St. Louis, Mo.**

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.

