

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis County
Township Carondelet
City St. Louis, Mo. (No.)

Registration District No. 1123
Primary Registration District No. 6248 E
MT. ST ROSE HOSPITAL, St. Ward

File No. 35362
Registered No. 413

2. FULL NAME Sophie Schutte

(a) Residence, No. 2015 Allen Ave. St. St. Louis, Mo. Ward. St. Louis, Mo.
(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 Female 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 Bernard Schutte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 25, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or, min.
	<u>76</u>	<u>9</u>	<u>15</u>	

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

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 Missouri

13. NAME John Ditz

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

15. MAIDEN NAME Mary Bung

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

17. INFORMANT (ADDRESS) Wm J Robert 1905 S. Grand Blvd

18. BURIAL, CREMATION, OR REMOVAL (PLACE) St. Peter's Church DATE Oct 13th 1937

19. UNDERTAKER (ADDRESS) Wm J Robert 1905 S. Grand

20. FILED Oct. 12 1937 Y. Mowrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct - 7 1937 to October 10 1937
I last saw her alive on October 10 1937 Death is said to have occurred on the date stated above, at 7:25 p. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
10-7-37
Date of onset

Other contributory causes of importance:
Arteriosclerotic C-V-R
Dissecting aneurysm

Name of operation None Date of None
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) John J. Gausel, Resident M. D.
(Address) Mr. St. Rose Pantheon
St. Louis Mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

