

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

36432  
Do not use this space.

NOV 15 1937

791  
1003

Registered No. 10009

1. PLACE OF DEATH

(a) County..... Registration District No. ....

(b) Township..... Primary Registration District No. ....

(c) City St. Louis (d) Street No. City Hospital No. 1 St. 1  
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 10032

2. PRINT FULL NAME..... John R. Schutte

(a) Residence, No. 2567 Warren St. Ro (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

**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 Ella Schutte (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1877

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
60	5	2	8

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

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

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

FATHER

13. NAME Henry Schutte

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

MOTHER

15. MAIDEN NAME Susan Mc Millan

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE Park Lawn DATE Oct 29, 1937

19. FUNERAL DIRECTOR (ADDRESS) Henry Leidner & Co  
1417 N. Market St

20. FILED OCT 27 1937 J. Predeck  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/25/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/25/37 to 10/25/37, 19

I last saw him alive on 10/25/37, 19. Death is said to have occurred on the date stated above, at 1.15 a

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

*Endothelioma of pleura with extension into vertebral column and compression of cord.  
Pneumonia*

Other contributory causes of importance: H/O

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) Charles M. Jensen, M. D.  
(Address) City Hospital No. 1

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.

57-1-550

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *W. H. Siedler*

Licensed Embalmer No. *2256*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**