

REC'D JUL 12 1938

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

20230

Do not use this space.

1. PLACE OF DEATH

- (a) County.....
(b) Township.....
(c) City St Louis
(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.

Registration District No. 791Primary Registration District No. 1003Registered No. 5369(d) Street No. 4526a Red Bud Ave. St. 9
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

- Virginia Schuettenberg.
(a) Residence, No. 4526a Red Bud Ave St. 9
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town, and State)

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 Clarence S Schuettenberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 7 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as 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) Lebanon Ill13. NAME Leo Adelsberger14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill15. MAIDEN NAME Emma Robnson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden17. INFORMANT (ADDRESS) Clarence Schuettenberg
4526a Red Bud Ave18. BURIAL, CREMATION, OR REMOVAL PLACE DATE New Bethlehem June 14 193819. FUNERAL DIRECTOR (ADDRESS) Beiderwieden Funrl Home
1936 St. Louis Ave20. FILED JUN 14 1938
J. D. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1938 19

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1938, to June 12, 1938.
I last saw him alive on June 9, 1938. Death is said to have occurred on the date stated above, at 5:30 A M m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosisDate of onset
1938

Other contributory causes of importance:

Laryngeal tuberculosisJan 1938Name 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? no
Specify _____
(Signed) C. M. Charles, M. D.
(Address) 632 Metropolitan Bldg.

STATEMENT BY LICENSED EMBALMER

I, Felix J. Krupin, Licensed Embalmer No. 3497

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Felix J. Krupin
Licensed Embalmer No. 3497

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.)