

DEC 12 1938

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

37920

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City St. Louis (d) Street No. City Hospital No. 1 St.
(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.

2. PRINT FULL NAME

Katherine Schutzius
(a) Residence, No. 7921 Water St. 1 (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widowed)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 1 9

OCCUPATION 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) Germany 613. NAME Christ Muller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 615. MAIDEN NAME Marie ?16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 617. INFORMANT (ADDRESS) Hosp. Info N. Kent18. BURIAL, CREMATION, OR REMOVAL PLACE ST. TRINITY CEMETERY NOV. 28, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) C. HOFFMEISTER
7814 S. BROADWAY, ST. LOUIS MO.20. FILED NOV 26 1938 19 J. B. Bredbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/24/38

22. I HEREBY CERTIFY, That I attended deceased from 11/21/38, 19... to 11/24/38, 19...
I last saw him alive on 11/24/38, 19... Death is said to have occurred on the date stated above, at A. P. m.
The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage

Other contributory causes of importance:

hypertension

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? ye

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) Edward Weiss, M. D.
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ GEORGE
W. HOFFMEISTER AND LINUS C. HOFFMENTER
working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.