REC'D DEC 5 1938

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

39692
Do not use this space.

1. PLACE OF DEATH
(a) County: LINN
(b) Township: CLAY
(c) City:
(d) Street No.: 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.

Registration District No. 2 499
Primary Registration District No. 1 5664
Registered No.

2. PRINT FULL NAME 320 JOHN S. SCHUETZ
(a) Residence, No.: WHEELING MO St.
(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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWER

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC 10th 1855

7. AGE: Years 82 | Months 11 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: FARMER
9. Industry or business in which work was done, as saw mill, bank, etc.: RETIRED
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): ALBANY N. Y.

FATHER
13. NAME: JOHN SCHUETZ
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CASTLE GERMANY

MOTHER
15. MAIDEN NAME: CATHERINE BAUM
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): OLDENBURG GERMANY

17. INFORMANT (ADDRESS): Edwin E. Schuetz WHEELING MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE: MEADVILLE MO DATE: NOV. 27 38

19. FUNERAL DIRECTOR (ADDRESS): Smiley Funeral Home WHEELING MO

20. FILED 10/29 1938 Geo. H. Clarkson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-25 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1938, to Nov 8 1938, I last saw him alive on Nov 8 1938. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Other contributory causes of importance: Senility	
General Debility	

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

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) D. W. Hanson M.D. M. D.
(Address) Meadville Mo.

(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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Frank L. Smiley, Licensed Embalmer No. 470

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. 470

working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

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.)