

DEC'D JAN 11 1938

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

791
1003

41429

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. St. Lukes Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 300 Albert Schuette St. NR Evansville, Ill.
(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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov., 10, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 1 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CASHIER.
9. Industry or business in which work was done, as saw mill, bank, etc. BANK
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. about 25-

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Bud Ill.13. NAME Louis Schuette14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Caroline Eggerding16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prairie Ill.17. INFORMANT (ADDRESS) Mrs. Emma Schuette Evansville Ill. 12-24-3818. BURIAL, CREMATION, OR REMOVAL PLACE Evansville, Ill. DATE 12-27, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc. 4700 Washington Blvd.20. FILED DEC 27 1938 J. B. Bredet Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21, 193822. I HEREBY CERTIFY, That I attended deceased from 12-19-38, 1938, to 12-21-38, 1938I last saw h. (M.T.) alive on 12-21-38, 1938. Death is said to have occurred on the date stated above, at 4 p. m.

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

Septicemia Date of onset 12-17-38
Meningitis Non epidemic 12-19-38

Other contributory causes of importance:

Nasal vestibule infection 12-13-38

Name of operation None Date of Blood cultureWhat test confirmed diagnosis? Leucocyte culture 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? No.

If so, specify

(Signed) J. B. Bredet, M. D.(Address) 3720 WASHINGTON AVE
ST. LOUIS, MO

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Guy W. Wilkinon
Licensed Embalmer No. 3575
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.