

50 MAY 16 1939

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

Do not use this space.

14565

1. PLACE OF DEATH

21 County Chautau Registration District No. 169
Township Brunswick Primary Registration District No. 5235
City (No.) St. Ward

File No. 14565
Registered No. 22

2. FULL NAME

300 Mary Schuette
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Schuette</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 2 1868</u>				
7. AGE YEARS <u>70</u>	MONTHS <u>8</u>	DAYS <u>24</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, Sawyer, bookkeeper, etc. <u>At home</u>			
	9. Industry or business in which work was done, as silk mill, 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) <u>Newwood Ohio</u>				
FATHER	13. NAME <u>George Brueggeman</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Mary Schwoppe</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rochester New York</u>			
17. INFORMANT <u>Mrs. Geo. Beckbach</u> (ADDRESS) <u>Brunswick, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cincinnati Ohio</u> DATE <u>4/29 1939</u>				
19. UNDERTAKER <u>Meyer General Home</u> (ADDRESS) <u>Brunswick, Mo.</u>				
20. FILED <u>Apr 27 1939</u> <u>Harry E. Satterly</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1939
22. I HEREBY CERTIFY That I attended deceased from 3-10-39 19 to 3-27-39 19
I last saw her alive on 3-27-39 19. Death is said to have occurred on the date stated above, at 7:45 Am.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Date of onset 3-10-39

Other contributory causes of importance:

Name of operation Date of No
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
If so, specify (Signed) John M. Nelson M. D.
(Address) Brunswick, Mo

N. B.—Every item of information should be carefully supplied. AGE should be carefully classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

