WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 15 1941 [791]

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40137

Registrar's No. 9908

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 61 Highway & Baumgardner Rd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Katie Schuetz

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Schuetz

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased February (Month) 9 (Day) 1900 (Year)

8. AGE: Years 40 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Mattese (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Geo. Phillip Schmidt
13. Birthplace Mattese (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Louisa Westermann
15. Birthplace Mattese (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Henry Schuetz

(b) Address Rt. 11 Box 609 Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4, 40 (Month) (Day) (Year)

(c) Place: burial or cremation Oak St. John Cemetery

18. (a) Signature of funeral director C. Hoffmeister M-E Co.

(b) Address 7814 S. Broadway

19. (a) DEC 3 1940 (Date received by registrar) (b) J. H. Broeder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1 year 1940 hour 12.20 a.m. minute M.

21. I hereby certify that I attended the deceased from Dec 15, 1939, to Dec 1, 1940, that I last saw her alive on Nov 30, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	?
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Myocarditis	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. A. Schmieder (M. D. or other)

Address 6811 Gravois Date signed 12/3/40

(Licensed Embalmer's Statement on Reverse Side)

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 Linus C. Hoffmeist

Licensed Embalmer No. 3871

P. O. Address 7814 S. Bren

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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