No. 2
-1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 16352 3870

Registration District No. 791 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis Missouri pital
(b) City or town St. Louis City Hospital
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5552 Greer Ave. 68
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ernest Schutz (Ernst)
3. (b) If veteran, name war No
3. (c) Social Security No. 494-01-7844
4. Sex Male /
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Esther Schutz
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased November (Month) 15, (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
53	6	21	hr. min.

9. Birthplace Venedy, (City, town, or county) / Illinois (State or foreign country)
10. Usual occupation Show Case Glazer
11. Industry or business H. Pauk & Son
MOTHER · FATHER
12. Name Conrad Schutz
13. Birthplace - - - (City, town, or county) / Germany (State or foreign country)
14. Maiden name Henrietta UNKNOWN
15. Birthplace - - - (City, town, or county) / Germany (State or foreign country)
16. (a) Informant Mrs. Esther Schutz
(b) Address 5552 Greer Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 8, 1941. (Month) (Day) (Year)
(c) Place: burial or cremation Okawville, Illinois.
18. (a) Signature of funeral director Wm. M. Schumacher
(b) Address 4834 Natural Bridge.
19. (a) MAY 7 1941 (Date received local registrar) (b) J. Wendich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1941 hour 7 minute 45 A. M.
21. I hereby certify that I attended the deceased from April 23rd, 1941, to May 5th, 1941, that I last saw him alive on May 5th, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis, Chronic myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 M. M. Kal (M. D. or other)
Address 1515 Lafayette Avenue Date signed 5/6/41

(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 John A. Mlinar, Registered Apprentice No. ..... working under my personal supervision.

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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, fact should be so stated above.