

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15572
State File No. _____
Registrar's No. 929

FILED MAY 4 1942
Registration District No. 1724

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Since 4/16/42
(Specify whether
In this community. Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3740 Cottage St.
(If rural, give location)
(e) Citizen of foreign country No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SCHUETTE, Ben E.

3. (b) If veteran, name war World, 1918
3. (c) Social Security No. None

4. Sex Male () 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsie Schutte
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased. February 11 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 2 15 hr. min.

9. Birthplace St. Libory Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Meat Cutter

11. Industry or business _____

12. Name George Schuette

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

14. Maiden name Anna Lohman

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

16. (a) Informant Government Records

(b) Address Veterans Adm. Fac., Jeff. Bks., Mo.
Burial (b) Date thereof 4-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
1710 N. Grand Blvd.

19. (a) APR 29 1942 (Date received local registrar)
(b) H. Mc. Loran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1942 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from 4/16/42 19 to 4/26/42 19 ;
that I last saw him alive on 4/26/42 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Bacteremia
(hemolytic streptococcus) -----
Duration About 10 days

Due to acute tonsillitis -----
Duration About 3 wks.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: No operation

Of operations _____

Of autopsy No autopsy

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? _____

Where it occurred (Specify type of place) _____
Cause of injury _____

23. Signature H. Mc. Loran (M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

96
9

McL

707

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.....

John Hetter
.....

Licensed Embalmer No. 3880

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, fact should be so stated above.