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DM-2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

NOV 1 1943

Registration District No. 1318

Primary Registration District No. 1003

Registrar's No. 9417

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri.

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

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

(d) Length of stay: In hospital or institution: 17 yrs, 3 mo 29 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 17

(c) City or town: St. Louis, 913
(If outside city or town limits, write "RURAL")

(d) Street No.: 5800 Arsenal St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: American

3. (a) PRINT FULL NAME: Alfred Schuettner.

3. (b) If veteran, name war: _____ 3. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 25
year: 1943 hour: 6:10 minute: A. M.

21. I hereby certify that I attended the deceased from Oct 1 to Oct 25, 1943
that I last saw him alive on Oct 24, 1943
and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Single.

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: October 12 1859
(Month) (Day) (Year)

Immediate cause of death: Cerebral Haemorrhage 2 days

Due to: Arteriosclerosis 1 year

Due to: _____ year

Other conditions: _____
(Includes pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
84 0 13 hr. min.

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

PHYSICIAN

Major findings: Of operations: Arteriosclerosis

Of autopsy: Arteriosclerosis

Underline the cause to which death should be charged statistically.

10. Usual occupation: Laborer

11. Industry or business: ??

12. Name: Nicholas Schuettner

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

14. Maiden name: Katherine Stephani (City, town, or county) (State or foreign country)

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

16. (a) Informant: Lorne Green (b) Address: 5800 Arsenal

17. (a) Address: Missouri Crematory (b) Date thereof: Oct. 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Missouri Crematory

18. (a) Signature of funeral director: Wm J. Robert L. & Th. Co. (b) Address: 1905 S. Grand Blvd. St. Louis

19. (a) OCT 26 1943 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

23. Signature: R. Wm. Kuruph (M. D. or other) (b) Means of injury: _____

Address: 5800 Arsenal St. Date signed: 10/25/43

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

MOTHER FATHER

844

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 William J. Lyons

Licensed Embalmer No. 4319

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.