

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
4166 North Euclid Avenue
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 4166 North Euclid Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George H. Schuette

3. (b) If veteran, name war None

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 Alma M. Schette (Hug)

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: Oct. 7, 1896
(Month) (Day) (Year)

8. AGE:

Years <u>47</u>	Months <u>2</u>	Days <u>5</u>	If less than one day hr. _____ min. _____
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Police Lieut.

11. Industry or business _____

MOTHER FATHER { 12. Name Anthony Schuette

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

14. Maiden name Mary Baller

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

16. (a) Informant Mrs. Alma M. Schuette

(b) Address 4166 N. Euclid Avenue

17. (a) Burial (b) Date thereof 12/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) DEC 14 1943 (b) J. J. Bredner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1943 hour 1 minute 15 AM

21. I hereby certify that I attended the deceased from June 1, 43
1943 to Dec 12, 1943
that I last saw him alive on Dec 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis & anemia
14

Due to Chronic Nephritis 39y

Due to _____

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

Major findings: Of operations 7/21

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? _____

While at work? (Specify type of place) _____ (c) Mechanism of injury 140

23. Signature F. J. McKe... (M. D. or other) MD
Address 11135 Date signed 12/14/43

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

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 *Wilford S Burnley*
Licensed Embalmer No. *4202*
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.