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M-2.43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40558**

**FILED JAN 3 1944 318**

1003

Registrar's No. **11545**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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:  
Mohn Nursing Home 45861 Carter Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3465 Gasconade St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Ann Shutz

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife Gustave Shutz 11/22/08 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 26, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 3 25 hr. min.

9. Birthplace Paducah, Ky. (City, town, or county) (State or foreign country)

10. Usual occupation Not employed

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Anton Oetter  
13. Birthplace Germany (City, town, or county) (State or foreign country) 4  
14. Maiden name Mary Strohmeyer  
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Pauline Shutz  
(b) Address 4024 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Sts. Peter & Paul's

18. (a) Signature of funeral director Robert J. Ambruster  
(b) Address Clayton Rd. at Concordia Lane

19. (a) DEC 22 1943 (Date received local registrar) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
year 1943 hour \_\_\_\_\_ minute 150 P. M.  
21. I hereby certify that I attended the deceased from 09-1942, 19\_\_\_\_, to 12/21/43, 19\_\_\_\_;  
that I last saw her alive on 12/21/43, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure - 1 Week  
Hypertensive - Cardio - 3 yrs.  
Vascular - Renal Disease  
Generalized Atherosclerosis  
Other conditions Left Hemiplegia  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature C.P. Deace Jr. (M. D. or other) \_\_\_\_\_  
Address 1955 So. Grand Date signed 12/21/43

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

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**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.....  
.....  
Licensed Embalmer No.....

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.**