. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1943

Registration District No. 3 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43829

Primary Registration District No. 6076

Registrar's No. 2871

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Elms Convalescent Home 4
(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 Missouri (b) County St. Louis 96

(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3620 Cleves
(If rural, give location)

(e) Citizen of foreign country? ~~yes~~ no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Simon Schuetz

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced ? 9

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Nov. 10 (Month) 1873 (Day) (Year)

8. AGE: Years 70 | Months 1 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation labor

11. Industry or business retired

FATHER
12. Name unk.
13. Birthplace Unk (City, town, or county) unk. 9 (State or foreign country)

MOTHER
14. Maiden name unk
15. Birthplace Unk (City, town, or county) unk 9 (State or foreign country)

16. (a) Informant Edward Schuetz
(b) Address 3620 Cleves

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan

19. (a) DEC 23 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1943 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec. 8, 1943, to 12-20, 1943;
that I last saw him alive on 12-19, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): chronic asthma, chronic nephritis	5 yrs

Major findings:
Of operations .....
Of autopsy ..... 131 lb

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 Eugene L. Arnold (M. D. or other) MD
Address 1449 McLaran Date signed 12/21/43

(Licensed Embalmer's Statement on Reverse Side)

107

277
12/27/43

ISN Arnold.
1-3 6-8
1449 McLaran

DEC 2 9 1943

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 Oliver E. Fendler

Licensed Embalmer No. 4148

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.