

No. 2
-2-43
17-39
X35697

FILED NOV 20 1944
Registration District No. 38214

Primary Registration District No. 5655-

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 889 days
(Specify whether
In this community 889 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.
(c) City or town Shrewsbury 96
(If outside city or town limits, write "RURAL")
(d) Street No. 7421 Sutherland 15
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stephen M. Schutz

3. (b) If veteran, name war no 3. (c) Social Security No. 498-05-6656

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marcella Zepfel 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased: June 9 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 3 9 hr. min.

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

10. Usual occupation clerk

11. Industry or business grocery store

12. Name Stephen Schutz 11
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Hiesler
15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant E. Michael, Record Clerk
(b) Address Mo. State San, Mount Vernon, Mo

17. (a) Removal (b) Date thereof Sept 18/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo

18. (a) Signature of funeral director Geo. B. Orris
(b) Address 174 Vernon Mo

19. (a) 9/19/44 (b) Andy Orford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 18
year 1944 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from April 12 1942 to Sept. 18 1944
that I last saw him alive on Sept. 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis 3 yrs
Duration

Due to _____
Due to 13 1/2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Blat fibro-carcinoma pul
Thy. adenoid pericarditis
Of autopsy generally anasarca
Thy. entero-chitis
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 _____

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) Means of injury 0

23. Signature At Skiney (M. D. or other) _____
Address mt. Vernon Mo Date signed 9-19-44

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

MOTHER FATHER

1338

RECEIVED

District Health Officer No. 6

District File Number 1144-115-4

Date Filed NOV 14 1944

250

[Faint handwritten notes and stamps]

STATEMENT BY LICENSED EMBALMER

[Faint handwritten text]

DEC 4 1944

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.....

[Handwritten signature: Geo B Orr]

Licensed Embalmer No. 946

P. O. Address *[Handwritten: 7th Vermont St]*

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.