

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. **39775**
Registrar's No. **11449**

FILED JAN 13 1945
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(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: St. Louis City Hospital—Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 2 WEEKS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CHRISTIAN SCHUTTENHELM
3. (b) If veteran, name war NONE
3. (c) Social Security No. 491-16-7301

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELIZABETH SCHUTTENHELM (c) Age of husband or wife if alive 73 years
7. Birth date of deceased 9-12-1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 14
If less than one day hr. min.

9. Birthplace St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation PATTEN WORKER

11. Industry or business _____

MOTHER FATHER

12. Name CHRISTIAN SCHUTTENHELM

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

14. Maiden name ELIZABETH SCHARR

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

16. (a) Informant Elizabeth Schuttenhelm
(b) Address 8414 Lowell Lane

17. (a) BURIAL (b) Date thereof DEC. 29-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Diedrich F. Hauer
(b) Address 8319 Halle Perry Rd.

19. (a) DEC 27 1945 (b) Registrar's signature J. F. Blum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8414 LOWELL LANE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 26th
year 1945 hour 4:20 minute A M.
21. I hereby certify that I attended the deceased from 12/13/45
19____ to 12/26/45 19____;
that I last saw him alive on 12/26/45 19____
and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of the rectum
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) H6

Major findings: Of operations _____
Of autopsy _____
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 Herbert C. Fritz DEC 26 1945
Address 115 Lafayette Date signed _____

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. 3556

P. O. Address St Louis

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.