

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947
Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

11518
State File No. _____
Registrar's No. **2610**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1115 Obear Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **David H. Schutte**
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 **Anna Jarvis Schutte nee Gebauer**
6. (c) Age of husband or wife if alive **80** years
7. Birth date of deceased **December 30, 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 9 hr. min.

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

10. Usual occupation **Retired City Fireman**

11. Industry or business
12. Name **Henry Schutte**
13. Birthplace **Metropolis Ill.**
(City, town, or county) (State or foreign country)
14. Maiden name **Susie McMullen**
15. Birthplace **Unknown Canada**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Anna Schutte**
(b) Address **1115 Obear Ave**

17. (a) **Burial** (b) Date thereof **3/13/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son, Inc**
(b) Address **2161 East Fair Ave**

19. (a) **MAR 12 1947** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **0003**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1115 Obear Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **9th**
year **1947** hour **9:15 AM** minute _____ M.
21. I hereby certify that I attended the deceased from **March 9, 1947** to **March 9, 1947**
that I last saw him alive on **March 9, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **embolus cordialis**
Due to **thrombosis of the aorta**
arteriosclerosis
Due to _____
Other conditions (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 **James J. ...** (M. D. or other) _____
Address **1918 ...** Date signed _____

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 *Gustav W. Heitler*
Licensed Embalmer No. *4329*
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.