

No. 2
1/47
5-17-39

FILED NOV 7 1947

State File No. 9940
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

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: **City Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **28yrs. 3mos. 9ds.**
In this community **61 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **aaa**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5400 Arsenal St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **PETER SCHOTTMUELLER**

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..... **Sgl.**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: **Sept. 6, 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 21 hr. min.

9. Birthplace: **Bennetsville Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Nil**

11. Industry or business: **Harry Schottmueller**

12. Name.....
13. Birthplace: **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Helen Wirth**
15. Birthplace: **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Helen Schottmueller**
(b) Address **5400 Arsenal St.**

17. (a) **Burial** (b) Date thereof **10-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **Calvary Cemetery**

18. (a) Signature of funeral director: **Hy. Leidner U. Co.**
(b) Address: **2223 St. Louis Ave.**

19. (a) **OCT 28 1947** (b) **J. F. Breuer**
(Date received local certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **27**
year **1947** hour **2.15** minute **P.**

21. I hereby certify that I attended the deceased from **July 1, 1941** to **Oct. 27, 1947**
that I last saw him alive on **Oct. 27, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypertensive Cardio-vascular disease**
XXXX Hypostatic Pneumonia

Due to.....
Other conditions: (Include pregnancy within 3 months of death).....
Major findings: Of operations.....

Of autopsies: **yes**
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.....

Signature: **L. H. Waller** (M. D. or other) **M.D.**
Address: **5400 Arsenal St.** Date signed: **10/28/47**

Duration
5yrax. 1 week
PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address *2223 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.