FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 6 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40157

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 10860

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. LUKE'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

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. 3221 MINNESOTA
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE SCHUEDDIG

3. (b) If veteran, name war

3. (c) Social Security No. 489-01-7637

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

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

6. (c) Age of ~~husband~~ or wife if alive 45 years

7. Birth date of deceased MARCH (Month) 10 (Day) 1899 (Year)

8. AGE: Years 48 | Months 8 | Days 15 | If less than one day hr. min.

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

10. Usual occupation SALES MNGR.

11. Industry or business SIDNEY WEBER CO

MOTHER FATHER

12. Name WILLIAM SCHUEDDIG

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

14. Maiden name JENNY COSTELLO

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

16. (a) Informant JULIA SCHUEDDIG

(b) Address 3221 MINNESOTA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov. 28. 1947 (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CEM.

18. (a) Signature of funeral director Thomas Kutis & Son

(b) Address 2906 GRAND

19. (a) NOV 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 25 year 1947 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 30, 1947, to Nov 25, 1947 that I last saw him alive on Nov 25, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Rectum Carcinomatosis of Stomach	
Due to Primary site stomach General Carcinomatosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN — Underline the cause of 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 A. G. Herdemann (M. D. or other) MD

Address 508 W. Grand Date signed 11-26-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

APR 19 1948

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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 Leo J. Budde

Licensed Embalmer No. 3989

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.