No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7018
Registrar's No. 1432

Registration District No. 318 Primary Registration District No. 1003

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 3445 Dunnica Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3445 Dunnica Ave. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Emma M. Schuttner
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F. 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm.
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Sept. (Month) 17 (Day) 1864 (Year)

8. AGE: Years 83 Months 4 Days ~~25~~ 21 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business

FATHER
12. Name Henry Tiedemann
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorothea Wuest
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Schuttner
(b) Address 3445 Dunnica Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/II/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Church Yard
18. (a) Signature of funeral director Schumacher Und Co.
(b) Address 3013 Meramec St.
19. (a) FEB 11 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 8 year 1948 hour 7:15 minute A P.M.
21. I hereby certify that I attended the deceased from Jan. 12th 1948 to Feb. 8th 1948 that I last saw her alive on Feb. 4th 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral hemorrhage 4 W.
Due to Arterio-sclerosis & senile changes
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None made
Of autopsy None made

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 Joseph Davis M. D.
Address 406 Frisco Bldg Date signed 2-9-48

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

Jos Davis
FRISCO Bldg - 2-5 PM

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 Francis Williamson

Licensed Embalmer No. 3565

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.