

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3021 Keokuk St.  
(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)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County over  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3021 Keokuk  
24 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Frank F. Schutzius  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. 492-12-3298

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Dec. day 29  
 year 1948 hour 7 minute A. M.  
**21. I hereby certify that I attended the deceased from**  
Dec. 14th 1948 to Dec. 29th 1948  
 that I last saw him alive on Dec. 14th 1948  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lulu  
 6. (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased March 6 1884  
(Month) (Day) (Year)

Immediate cause of death Cardiac Thrombosis Duration 2 hr.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>23</u>	hr. _____ min.

Other conditions Chronic Cardiac and Renal Disease 6 Mo.  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations no  
 Of autopsy no

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Beer-Bottler  
Anheuser-Busch  
 11. Industry or business \_\_\_\_\_  
**MOTHER** { 12. Name Ben Schutzius  
 13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Anna Reinecke  
 15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Lulu Schutzius  
 (b) Address 3021 Keokuk  
 17. (a) Burial (b) Date thereof 12/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sunset Burial Park  
 18. (a) Signature of funeral director Wacker-Idell  
 (b) Address 3634 Gravois Ave.  
 19. (a) DEC 30 1948 (b) J. P. Lanater  
(Date received local registrar) (Registrar's signature)

**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 N. H. Walters M.D. D. O. B. \_\_\_\_\_  
 Address 3608 S. Grand Blvd. Date signed 12/29/48

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

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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..... *Delia J. Krupin*.....  
Licensed Embalmer No..... *3497*.....  
P. O. Address..... *3634 Gravis*.....

**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.**