

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21656

State File No. ....

5726

**FILED JUL 15 1949**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  c. LENGTH OF STAY (in this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3843a Minnesota</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>000</b>  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  d. STREET ADDRESS (If rural, give location) <b>27 3843a Minnesota</b>	
---	--	---	--

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Lulu</b>	a. (First) _____ b. (Middle) _____ c. (Last) <b>Schutzius</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>6/29/49</b>
---	---	--

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widow</b>	<b>8. DATE OF BIRTH</b> <b>Aug. 22, 1885</b>	<b>9. AGE</b> (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
--------------------------------	---	---	---	--	--	---

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Home</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>--</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Louis, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
---	---	--	---

<b>13a. FATHER'S NAME</b> <b>Frederick Deichelmann</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Elizabeth Michel</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Frank F.</b>
---	---	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>---</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mildred Sallenbach--3843a Minnesota</b>
---	--	--

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis of Livers</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ch arterio sclerosis and Ch nephritis</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>  <b>6 mo</b>
--	--	--

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., In or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>St. Louis Mo</b>
---	---	---

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>5810</b>
---	--	--

**22. I hereby certify that I attended the deceased from Jan 1, 1949, to June 29, 1949, that I last saw the deceased alive on June 29, 1949, and that death occurred at 7:45 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>W. H. Walters M.D.</b>	<b>23b. ADDRESS</b> <b>3608 S Grand</b>	<b>23c. DATE SIGNED</b> <b>6/30/49</b>
--	--	---

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>7/2/49</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Sunset Burial Park</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Co., Missouri.</b>
---	-----------------------------------	--	---

<b>DATE RECD BY LOCAL REG.</b> <b>JUL 2 1949</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. B. Pascoe</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Wacker-Helbert</b>	ADDRESS <b>3634 Gravois</b>
---	---	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Delis J. Krispin*

Licensed Embalmer No.

*3497*

P. O. Address

*3634 Bravo*

Note:- The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.