

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35734

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>517</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>4161</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		a. STATE Mo.		b. COUNTY St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Overland	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (In this place) 2 Hrs.		d. STREET ADDRESS (If rural, give location) 2321 Hood Ave.		e. CITY (If outside corporate limits, write RURAL and give township) Overland	
d. FULL NAME OF (If not in hospital or institution, give street address or location) St. Louis County Hospital				d. STREET ADDRESS (If rural, give location) 2321 Hood Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) Edward		b. (Middle) C		c. (Last) JUETTMEYER	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 27, 1919		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Sta. Owner		11. BIRTHPLACE (State or foreign country) St. Louis County	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Sta. Owner		10b. KIND OF BUSINESS OR INDUSTRY Service Sta.		11. BIRTHPLACE (State or foreign country) St. Louis County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Conrad Juettmeyer		13b. MOTHER'S MAIDEN NAME Cecelia Ritcher		14. NAME OF HUSBAND OR WIFE Marie Juettmeyer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498 16 8076		17. INFORMANT'S SIGNATURE OR NAME Marie Juettmeyer		ADDRESS 2321 Hood Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Intracranial Hemorrhage				3 hrs.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS				E 981X	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				E 981X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 981X				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Police Station		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Overland St. Louis Mo.		21f. HOW DID INJURY OCCUR? Shot by prisoner	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-14-49 11 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot by prisoner		22. I hereby certify that I attended the deceased from Oct. 14, 1949 , to Oct. 15, 1949 , that I last saw the deceased alive on Oct. 15, 1949 , and that death occurred at 1:20 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE E. J. Schewe Jr. M.D.		23b. ADDRESS 601 S. Brentwood, Clayton, Mo.		23c. DATE SIGNED 10-15-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/18/49		24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery		24d. LOCATION (City, town, or county) (State) Bridgeton Mo.	
DATE REC'D BY LOCAL REG. 10/17/49		REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Collins Funeral Home		ADDRESS 10123 St. Charles Rd.	

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas. Rd.

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.