

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

14983
 3308

FILED APR 21 1950

State File No. 1003

BIRTH NO. 24750-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis - mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Weber - mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8604 - Virgil 487</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Russell</u> b. (Middle) <u>Irwin</u> c. (Last) <u>Schutte</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 - 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>April - 7 - 1950</u>
9. AGE (In years last birthday) <u>0</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis - mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>Robert Schutte</u>		13b. MOTHER'S MAIDEN NAME <u>Muriel Wallis</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert P. Schutte 8604 Virgil Ave.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erythrosblastosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rh factor incompatibility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>770.0</u>		22. I hereby certify that I attended the deceased from <u>April 8</u> , 1950, to <u>April 9</u> , 1950, that I last saw the deceased alive on <u>April - 9, 1950</u> , and that death occurred at <u>3:19 p. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Lawrence Klingberg MD</u>		23b. ADDRESS _____	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 So. Kingshighway B</u>	
DATE REC'D BY LOCAL REG. <u>APR 10 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>	

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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address _____

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.