

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6631

State File No.

FILED MAR 2 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. 1003

Registrar's No. 1624

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 20 TOWN St. Louis 2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2302 Salisbury		d. STREET ADDRESS (If rural, give location) 2302 Salisbury	
3. NAME OF DECEASED (Type or Print) a. (First) Emilie b. (Middle) Schuette c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb 16th 1951
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). widowed <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec 15th 1856
9. AGE (In years last birthday) 94		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mth.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Wagner	
13b. MOTHER'S MAIDEN NAME Charlotte Soloman		14. NAME OF HUSBAND OR WIFE Henry Schuette	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Schuette, 2561 Shannon Ave.,
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
Chronic Hypertension - Sinitis		years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerosis DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR H221	
22. I hereby certify that I attended the deceased from July 15, 1950 , to Feb 16, 1951 , that I last saw the deceased alive on Feb 14, 1951 , and that death occurred at 11:30 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE Miller J. Mellies M.D.		23b. ADDRESS 3825 N. 20th	23c. DATE SIGNED Feb. 17 51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/20/51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. FEB 18 1951	REGISTRAR'S SIGNATURE J. B. Fosater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich F. Home, 8319 Hallsferry	

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

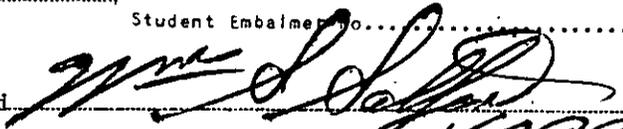
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~ or by me

working under my personal supervision.

Student Embalmer No.

Signed



Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.