

STANDARD CERTIFICATE OF DEATH

State File No. **10568**
Registrar's No. **2909**

FILED APR 12 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION 311 Dover		d. STREET ADDRESS (If rural, give location) 311 Dover	
3. NAME OF DECEASED (Type or Print) Bernhardena		a. (First)	b. (Middle)
		c. (Last) Schuetz	
4. DATE OF DEATH (Month) (Day) (Year) Mar. 26 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 4 1861
9. AGE (In years) (Month) (Day) (Hour) (Min.) 90			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Matesse Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Benedict Wormbrodt		13b. MOTHER'S MAIDEN NAME Marian Helping	
14. NAME OF HUSBAND OR WIFE William (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Ella Schuetz 311 Dover		ADDRESS	
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) chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sciuitly	
INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years		5 years	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		HF BX	
22. I hereby certify that I attended the deceased from Apr 26, 1946 to Mar 26, 1952 , that I last saw the deceased alive on Mar 27, 1952 and that death occurred at 12 A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Burcharp W. Pineda M.D.		23b. ADDRESS 6006 Virginia Ave	
23c. DATE SIGNED 3-27-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-28-52	
24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery		24d. LOCATION (City, town, or county) (State) Lemay St. Louis Co. Mo	
DATE REC'D BY LOCAL REG. MAR 28 1952		REGISTRAR'S SIGNATURE J. C. Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher		ADDRESS 3013 Meramec	

DN PRUITT
6006 Virginia

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Jack Haupt

Licensed Embalmer No. 4446

P. O. Address. At Spring

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.