

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12294**  
**2029**  
Registrar's No. \_\_\_\_\_

FILED MAR 18 1953

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

643  
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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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis,</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis,</b> <b>2099</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4527 Harris Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>4527 Harris Avenue</b> <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>SOPHIE</b> b. (Middle) c. (Last) <b>SCHUETTENBERG</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 20-1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March-14-1875</b>
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Okawville, Illinois</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Henry Storck</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Henry C. Schuettenberg</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clarence Schuettenberg 24 Green Acres 15,</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Heart Disease</b> <b>5 yrs.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Arthritis - Esp. Legs</b> <b>20 yrs.</b>	
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>443X</b>	
22. I hereby certify that I attended the deceased from <b>May 1937</b> , to <b>Feb. 20, 1953</b> , that I last saw the deceased alive on <b>Feb. 20, 1953</b> , and that death occurred at <b>9:10 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Melvin Jess MR O</b>		23b. ADDRESS <b>4118 1/2 W. West Florissant Ave</b>	23c. DATE SIGNED <b>2-20-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Feb-23-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
DATE REC'D BY LOCAL REG <b>FEB 24 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MR</b>	
DATE REC'D BY LOCAL REG		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beiderwieden F. H. Inc. 1936 St. Louis Av</b>	

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 Max L. Uerfel

Licensed Embalmer No. 4170

P. O. Address St Louis, 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.