

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23343

State File No. _____

FILED JUL 8 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>542</u>		Registrar's No. <u>1754</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				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>Ferguson,</u>		c. LENGTH OF STAY (In this place) <u>50yrs.</u>		c. CITY OR TOWN <u>Ferguson</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u># 9a BANGERT AVE.</u>				e. STREET ADDRESS (If rural, give location) <u>#9a Bangert Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Harry</u> c. (Last) <u>Schuette</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6--23-1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-21--1883</u>		9. AGE (In years last birthday) <u>69yrs</u>	if UNDER 1 YEAR Months _____ Days _____	if UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Universal Match co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S., A.</u>	
13a. FATHER'S NAME <u>Casper Schuette</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Overhaus</u>		14. NAME OF HUSBAND OR WIFE <u>Christina A. Schuette</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Christina Schuette, Ferguson</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Enteritis acute severe</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General debilitation</u> DUE TO (c) <u>Paralysis agitans progressive</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>7 mos</u> <u>yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>350X</u>				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?			
22. I hereby certify that I attended the deceased from <u>15 May, 1953</u> , to <u>23 June, 1953</u> , that I last saw the deceased alive on <u>22 June, 1953</u> , and that death occurred at <u>1:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Herbert R. Donda</u>				23b. ADDRESS <u>222 S. Florissant Ferguson, Mo</u>		23c. DATE SIGNED <u>6/23/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-26-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Ferdinand Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Florissant, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-24-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donda, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chapel, Ferguson, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

3. No. 300
10. 48

4009

534

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.....
Signature of Student Embalmer

Signed *L. M. White*.....

Licensed Embalmer No. *3973*.....

P. O. Address *Ferguson*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.