

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11955**

FILED APR 12 1956

BIRTH NO. _____ REG. DIST. NO. **B12** PRIMARY REG. DIST. NO. **500** Registrar's No. **880**

1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St Louis			
b. CITY (If outside corporate limits, give township) Lemay		c. LENGTH OF STAY (In this place) 1 yr 8 mos		c. CITY OR TOWN Lemay		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 457 Winston Dr				e. STREET ADDRESS (If rural, give location) 457 Winston Dr			
3. NAME OF DECEASED (Type or Print)		a. (First) Annie		b. (Middle) K.		c. (Last) Schuetz	
4. DATE OF DEATH		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec 31 1869		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 2 Days 27		IF UNDER 11 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Sappington Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jocab Rott		13b. MOTHER'S MAIDEN NAME Dorothea Grossher		14. NAME OF HUSBAND OR WIFE Henry Schuetz (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Frieda Klund Mehl			
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) Cerebral Hemorrhage 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) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility				INTERVAL BETWEEN ONSET AND DEATH 10 days ? ? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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) St Louis Mo.			
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?			
22. I hereby certify that I attended the deceased from Dec 26, 1955, to Mar 27, 1956 , that I last saw the deceased alive on Mar 26, 1956 , and that death occurred at 7:45 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) May Stabloff MD				23b. ADDRESS 562 Olive Place		23c. DATE SIGNED 3/30/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 30 1956		24c. NAME OF CEMETERY OR CREMATORY Old St Johns Cem		24d. LOCATION (City, town, or county) (State) Mehlville, Mo.	
DATE REC'D BY LOCAL REG. 3-30-56		REGISTRAR'S SIGNATURE Herbert R. Dombard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fey Funeral Home Mehlville Mo.			

(Licensed Embalmers' Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *John J. Haines*.....
Licensed Embalmer No. *41*.....

P. O. Address *Ad. Lane*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.