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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007910
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 517 Primary Registration District No. 546 Registrar's No. 551

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN Overland — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Overland 423X — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 9510 Baltimore — Length of stay in 1b years	d. STREET ADDRESS (If outside, give location) 9510 Baltimore — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Augusta Middle: Johanna Last: Schuetz			4. DATE OF DEATH Month Day Year: Feb. 27, 1959
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: March 16, 1866
9. AGE (In years last birthday): 92	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 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 country): Creve Coeur, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: John P. Dauster	13b. MOTHER'S MAIDEN NAME: - - - - Rosswag	14. NAME OF HUSBAND OR WIFE: John Schuetz, deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Santa Stocker, Address 2405 Northland Ave.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cardio-renal syndrome — years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 442X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1950, to ____ and last saw her alive on 27 Feb 1959. Death occurred at 3:25 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul R. Whitener (Degree or title) M.D.

22b. ADDRESS 2403 Brown Rd. St. Louis (14) Mo

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 3-2-1959	23c. NAME OF CEMETERY OR CREMATORY: St. Monica Cemetery	23d. LOCATION (City, town, or county) (State): Creve Coeur, Missouri
24. FUNERAL DIRECTOR: Baumann Bros. Inc.	ADDRESS: 2504 Woodson Rd. Overland, Mo.	25. DATE RECD. BY LOCAL REG.: 2-28-59	26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 David C. Gibson

Licensed Embalmer No. 3457

P. O. Address Pauls Land

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.