MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-007614
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 50

FILED FEB 21 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Charles — Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 706 Clark St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Charles
c. CITY OR TOWN: St. Charles — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 706 Clark St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Aline Middle: Last: Schuttenberg

4. DATE OF DEATH: Month Feb. Day 9 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec.30,1880
9. AGE (last birthday): 81 — IF UNDER 1 YEAR: Months 1 Days 10 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Augusta, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Schuttenberg
13b. MOTHER'S MAIDEN NAME: Wilhelmina Dieckman
14. NAME OF HUSBAND OR WIFE: None

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: Mrs. Edna Schoder, St.Charles,Mo. Address

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): EVIDENT NATURAL CAUSES (DR. P. ROTHER REP. 2/10/62)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CORONER NOTIFIED
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 ____, to ____ and last saw her/him alive on ____
Death occurred at APP. 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Marcella Wilson (Degree or title): L. Reg.
22b. ADDRESS: 902 Holly St. Charles Mo
22c. DATE SIGNED: 2/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb.11,1962
23c. NAME OF CEMETERY OR CREMATORY: St. John Cemetery
23d. LOCATION (City, town, or county) (State): St. Charles, Mo.

24. FUNERAL DIRECTOR: H.C.Dallmeyer & Sons, ADDRESS: St.Charles,Mo.
25. DATE RECD. BY LOCAL REG.: 2/10/62
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1962

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 Frank R Amalon

Licensed Embalmer No. 4832

P. O. Address St Chart

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.