

JUL 1 1 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

21019

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **3529**) **So. Spring**

File No. ....  
Registered No. **4909**  
St. .... Ward)

2. FULL NAME

**Elizabeth Schuttner**  
(a) Residence, No. **3529 So. Spring** St., **16** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F.** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Edward Schuttner**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 21, 1847**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<b>87</b>	<b>9</b>	<b>12</b>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Home**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 13. NAME **Mebel**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Edw. Schuttner**  
(ADDRESS) **3529 So. Spring**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellevue Hospital** DATE **6/6/35**

19. UNDERTAKER **J. L. Ziegenhein & Sons**  
(ADDRESS) **727 Broadway**

20. FILED **J. J. Bredeck**  
19 **4** 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 3rd, 1935**

I HEREBY CERTIFY, That I attended deceased from **June**, 1935 to **June 3rd**, 1935  
I last saw her alive on **June 3rd**, 1935 Death is said to have occurred on the date stated above, at **40** m.  
The principal cause of death and related causes of importance were as follows:

**Carcinoma of urinary bladder.** Date of onset **2 yrs.**

Other contributory causes of importance: **53**

Name of operation **None** Date of **None**  
What test confirmed diagnosis? **Cystoscopy** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **No** Date of injury  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify (Signed) **Joseph Davison D.**  
(Address) **Century Bldg**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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MEMORANDUM FOR THE DIRECTOR, FBI

TO: SAC, NEW YORK  
FROM: SAC, NEW YORK  
SUBJECT: [Illegible]

[Illegible typed text]

[Illegible typed text]

[Illegible typed text]

*In Reply  
Refer to  
New York  
File # [Illegible]*

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