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.

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

36217
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 2 1008 Registered No. 9794
(c) City St. Louis (d) Street No. 5149 Dresden Av. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. (f) How long in U. S., if of foreign birth? 30 yrs. ..... mos. ..... ds.

2. PRINT FULL NAME Domonick Schutz
(a) Residence, No. 5149 Dresden Av. St. 2
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Schutz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 29 1879

7. AGE: YEARS 57 | MONTHS 11 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Blacksmith
9. Industry or business in which work was done, as 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): Hungary

FATHER
13. NAME: Unknown Schutz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

MOTHER
15. MAIDEN NAME: Anna Lind
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

17. INFORMANT (ADDRESS): Anna Schutz 5149 Dresden Av

18. BURIAL, CREMATION, OR REMOVAL
PLACE: S. S. Peter & Paul DATE: 10-22, 1937

19. FUNERAL DIRECTOR (ADDRESS): Witt Bros. L & N Co. 2929 S. Jefferson Av

20. FILED: OCT 22 1937 19 J. F. Biedeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1937 October 19, 1937
I last saw him alive on October 19, 1937 Death is said to have occurred on the date stated above, at 6 40 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Cerebral Hemorrhage duration :- 12 Hours.	

82a

Other contributory causes of importance:
Aterioscleroses duration :- 5 years.

Name of operation: None. Date of: ---
What test confirmed diagnosis? physical and clinical findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ----- Date of injury ....., 19....
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?
If so, specify
(Signed) L. Hertel, Mal, M. D.
(Address) 602-808 S. S. Natl. B. Bldg.

(Licensed Embalmer's Statement on Reverse Side)

9:30 to 5 PM.

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin, Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul A. Shanklin

L. E.

No. 3472 or by, Registered Apprentice No.

working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)