DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23242

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 5687

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Masonic Home 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 4 yrs., 5mo. and 27 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 12 (If outside city or town limits, write "RURAL")

(d) Street No. 5351 Delmar Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs. Alena Schuette 3rd

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Conrad Schuette, Dec'd

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 1st, 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 2 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired housewife

11. Industry or business 4

FATHER
12. Name Charles Michel
13. Birthplace Dessel (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Maria Oetgen
15. Birthplace Bremen, (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Fanny Spence
(b) Address 5351 Delmar Blvd., St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St Louis ave.

19. (a) JUL 4 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 3 day 3 year 1940 hour 1. 12 minute P. M.

21. I hereby certify that I attended the deceased from January 6, 1936, 19__, to July 3, 1940; that I last saw him alive on July 3, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Endarteritis Obliterans	8 mths
Due to: Chronic Myocarditis	2 yrs.
Due to: Chr. Interstitial Nephritis	6 mths
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 1st. Amp. Right leg below knee. 2 months- 18 days
Of autopsy 2nd. Amp. left leg above knee 6 days.

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ----------
(b) Date of occurrence ----------
(c) Where did injury occur? ---------- (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---------- (Specify type of place)
While at work? ------ (e) Means of injury ------

23. Signature [signature] (M. D. or other)
Address 508 N. Grand Blvd. Date signed 7/3-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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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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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis a

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

If this body is not embalmed, above space should be left blank.