No. 2
-1-4-41
5-17-39
I X28390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 29 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42852

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 217

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: 706 Clark Street (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 Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 706 Clark Street (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Wilhelmina E. Schuttenberg

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ William Schuttenberg

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased November (Month) 21 (Day) 1855 (Year)

8. AGE: Years 85 Months 11 Days 27 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business ____

MOTHER FATHER

12. Name John Henry Dieckman

13. Birthplace Unknown-4 (City, town or county) Germany (State or foreign country)

14. Maiden name Unknown Mack

15. Birthplace Unknown-4 (City, town, or county) Germany (State or foreign country)

16. (a) Informant Miss Martha Schuttenberg

(b) Address 706 Clark St., St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21-1941 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cem., St. Charles, Mo.

18. (a) Signature of funeral director W. C. Dallmeyer & Sons Co.

(b) Address 800 N. Second, St. Charles, Mo.

19. (a) 11-26-41 (Date received local registrar) (b) Clarence A. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18 year 1941 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov-16-1941 to Nov-18 1941 that I last saw him alive on Nov-18 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration

Due to Exposure

Due to ____

Other conditions Cirrhosis of liver. (Include pregnancy within 3 months of death)

Major findings: Of operations ____

Of autopsy 108

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 Dr. T. Holmes Tyler (M. D. or other)

Address 208 Main St Date signed 11/21/41

679 (Licensed Embalmer's Statement on Reverse Side)

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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles Mo

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.)

If this body is not embalmed, fact should be so stated above.