S. No. 2
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I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 23 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4749

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1464

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days. (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12 7 N

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

(d) Street No. 66 15 So Kingshighway
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas Henry Schuetz

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex m

5. Color or race W

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

6. (b) Name of husband or wife Louise Schuetz

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

7. Birth date of deceased Aug 2 (Month) 3rd (Day) ~~1865~~ 1867 (Year)

8. AGE: Years 75 Months 6 Days 9 If less than one day hr. — min.

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

10. Usual occupation Inspector

11. Industry or business City of St Louis

FATHER
12. Name Adam Schuetz
13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Horst
15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Record

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/43 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cem

18. (a) Signature of funeral director John L Zuguchem & Sons

(b) Address 7027 Gravois ave

19. (a) FEB 15 1943 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12 year 1943 hour 8 minute 10 A M.

21. I hereby certify that I attended the deceased from February 4, 1943 to February 12, 1943 that I last saw him alive on February 12, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia	
Due to —	
Due to —	
Other conditions Obesity (Include pregnancy within 3 months of death) Inguinal hernia	
Major findings: Of operations —	
Of autopsy —	

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 Frank U. Steinberg (M. D. or other) M.D.

Address City Hospital Date signed 2.12.43

(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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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