

S. No. 2
M-5-43
5-17-39
I X36571

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12182

FILED APR 1 1944

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 759

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 MONTH
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Sappington, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. Route 6 Box 1080
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SCHUETZ, MARY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Julius Schuetz 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 10 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 15 hr. min.

9. Birthplace Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Philip Schueig

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

14. Maiden name Mary Abel

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

16. (a) Informant Mrs Robert Malone

(b) Address R R #6 - Sappington, MO

17. (a) Burial (b) Date thereof 3-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Lucas Cem

18. (a) Signature of funeral director Louis H Bopp, Inc

(b) Address Hickwood, MO

19. (a) MAR 29 1944 (b) E W. no Sappington
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25
year 44 hour 8:55 minute P. M.

21. I hereby certify that I attended the deceased from 2-24-44, 19____, to 3-25-44, 19____;
that I last saw her alive on 3-25-44, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic Cardio-Vascular Disease
Duration _____

Due to _____

Due to _____

Other conditions Fractured Right femur 1 month
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy none 186a
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) Accident 096

(b) Date of occurrence 2-24-44

(c) Where did injury occur? Sappington, St Louis Co, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? no (Specify type of place) (e) Means of injury Fall

23. Signature John Niederwieser (M. D. or other) MD

Address 601 S. Brentwood Date signed 3-27-44

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..... *Felix Durand*

Licensed Embalmer No. *3034*

P. O. Address. *Rutwood MA*

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, fact should be so stated above.