

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4811
Registrar's No. 1186

FILED FEB 16 1945

318

Primary Registration District No.

1003

Registration District No.

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

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17
9

1. PLACE OF DEATH:

(a) County.....

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

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

(d) Length of stay: In hospital or institution..... 4 days
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
12

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

(d) Street No. 1108 Bayard
(If rural, give location) 12

(e) Citizen of foreign country?..... 0 (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... James William Schutte

3. (b) If veteran, name war..... N11 (c) Social Security No. 492-03-9449

4. Sex..... Male (1) 5. Color or race..... White

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

6. (b) Name of husband or wife..... Mary 6. (c) Age of husband or wife if alive..... 51 years

7. Birth date of deceased..... February 8 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>11</u>	<u>27</u>hr.min.

9. Birthplace..... Washington County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... City Park Employee

MOTHER FATHER

11. Industry or business.....

12. Name..... Charles Schutte

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

14. Maiden name..... Margie Trokey

15. Birthplace..... Washington County Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mary Schutte

(b) Address..... 3719 Manola Ave.

17. (a) Burial (b) Date thereof..... 2-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Lake Charles Cemetery

18. (a) Signature of funeral director..... Albert H. Hoppe

(b) Address..... 4700 Washington Blvd.

19. (a) FEB 6 1945 (b) J. P. Medeck
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Feb. day..... 5th
year..... 1945 hour..... 3:05 minute..... P M.

21. I hereby certify that I attended the deceased from..... 1/31/45
....., 19....., to..... 2/5/45....., 19.....;

that I last saw him..... in..... alive on..... 2/5/45....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death..... Uremia Duration

Due to..... Kidney failure Hb

Due to..... Large bowel obstruction

Other conditions..... Carcinoma of sigmoid
(Include pregnancy within 1 month of death) Alcoholic liver

Major findings: Chr. alcoholism

Of operations..... Delectomy + remeas.

Of autopsy..... as above

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?

While at work?..... (Specify type of place)

(2) Means of injury.....

23. Signature..... J. P. Medeck (M. D. or other).....

Address..... 1815 Lafayette Date signed..... 2/5/45

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Walter H. Hepp

Licensed Embalmer No. *1861*

P. O. Address.....

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.