No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3043

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 589

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

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: De Paul Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Arbor Terrace 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3813 Oak Ridge 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Clarence R. Schetter
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Schetter
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Nov. (Month) 5th (Day) 1886 (Year)

8. AGE: Years 61 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Bevellie (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Engineer
11. Industry or business McDonald Air Craft Co.
FATHER
12. Name Otto Schetter
13. Birthplace Mascoutah (City, town, or county) Ills. (State or foreign country)
MOTHER
14. Maiden name Johanna Keller
15. Birthplace Mascoutah (City, town, or county) Ills. (State or foreign country)
16. (a) Informant Mrs. Mary Schetter
(b) Address 3813 Oak Ridge (Arbor Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mascoutah Illinois
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) JAN 20 1948 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 19
year 1948 hour 1 minute 40 P. M.
21. I hereby certify that I attended the deceased from March 15, 1947 to January 19, 1948
that I last saw him alive on January 19, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Retroperitoneal sarcoma	3 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Retroperitoneal sarcoma
Of autopsy

PHYSICIAN — Underline the cause of 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 0
23. Signature Charles E. Mailer (M. D. or other)
Address 3911 Lee, St. Louis, Mo. Date signed 1/20/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr Marshall
3911 Lee Ave
10-1-

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Rindell

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.