FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21325

Registrar's No. 5849

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3675a McRee Avenue
(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: 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County

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

(d) Street No.: 3675a McRee Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: MRS. ANNA L. SCHUETZ

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: Widowed

6. (b) Name of husband or wife: Peter B. Schuetz

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

7. Birth date of deceased: July 1st, 1876 (Month) (Day) (Year)

8. AGE: Years 71 | Months 11 | Days 27 | If less than one day: hr. min.

9. Birthplace: Stone Church (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Fred Jasper
13. Birthplace: Stone Church, Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Friend
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Hilda Blanton,
(b) Address: 3675a McRee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Johannesburg, Illinois

18. (a) Signature of funeral director: Beiderwieden F.H. Inc.
(b) Address: 1936 St. Louis Avenue

19. (a) JUN 30 1948 (Date received local registrar) (b) J. F. Bu[illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th year 1948 hour 1 minute 07 P. M.

21. I hereby certify that I attended the deceased from May 5, 1948 to 6-28, 1948, that I last saw her alive on 6-26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: auricular fibrillation	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hemiplegia + senile dementia	

Major findings:
Of operations: —
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

23. Signature: [illegible] Mason (M. D. or other) M.D.
Address: 7158 Manchester, St. Louis, Mo. Date signed 6-29-48

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

Dr. Wm. L. M
7100 Manche

9-12

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 Max L. Waefel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.