

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18578

318

1003

State File No. 4669
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) St Louis		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4935 Itaska				14. STREET ADDRESS (If rural, give location) 4935 Itaska			
3. NAME OF DECEASED (Type or Print) Louisa		a. (First)		b. (Middle) Schuetz		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) May 17 1951		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Feb 16 1869		9. AGE (In years (Specify birthday)) 82		IF UNDER 1 YEAR Months Days		IF UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sappington, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Philip Werner		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Thomas Schuetz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hilda Luecking 4935 Itaska			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2960	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from 2/2 , 19 49 , to 5/16 , 19 57 , that I last saw the deceased alive on 5/16 , 19 57 , and that death occurred at 7:47 p.m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature]		(Degree or title) MD		23b. ADDRESS 6811 Gravois		23c. DATE SIGNED 5/17/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/19/51		24c. NAME OF CEMETERY OR CREMATORY N St Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St Louis, Mo.	
DATE REC'D BY LOCAL REG. MAY 18 1951		REGISTRAR'S SIGNATURE J. B. Lanter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois			

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

negative test result
6/22/58

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.

Student Embalmer No.

Signed *Frank J. Owen*

Signed.....
Student Embalmer

Licensed Embalmer No. *2245*

P. O. Address *P.O. Box 1000*

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.