

FILED JAN 26 1952

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>19</u> da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural</u> <b>DUPON, ILL. CENTERVILLE</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park Lane Memorial Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>E. St. Louis, Ill. R.F.D. #1</u>			
3. NAME OF DECEASED (Type or Print) <u>Hilda</u>		a. (First) <u>M.</u>		b. (Middle) <u>Schutte</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 7, 1952</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct. 25, 1900</u>		9. AGE (In years last birthday) <u>51</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>George Descher</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Kaltenborn</u>		14. NAME OF HUSBAND OR WIFE <u>Bernard A. Schutte</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Bernard A. Schutte, E. St. Louis</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid and rectum</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>causing intestinal obstruction.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS JOINED AS TO TREATMENT <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>12-31-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid and rectum.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>153X</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 21, 19 51</u> , to <u>Jan 7, 19 52</u> , that I last saw the deceased alive on <u>Jan. 7, 19 52</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>4950 Lindell Blvd. St. Louis, Mo.</u>		23c. DATE SIGNED <u>1-8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Jan. 7, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>local</u>		24d. LOCATION (City, town, or county) (State) <u>Dupo, Illinois</u>	
DATE RECD BY LOCAL REG. OFF. <u>1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harold A. Walker Dupo, Ill.</u>			

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

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Harold A. Rushmer*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 46 21

P. O. Address Dupe, Illinois

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.