

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17297

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4132

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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		e. STREET ADDRESS (If rural, give location) 4253a N. 19th Street, 7, 2097			
3. NAME OF DECEASED (Type or Print) a. (First) ADDIE		b. (Middle) M.		c. (Last) SCHUTE	
4. DATE OF DEATH May 5th, 1954		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 30th, 1886		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Brinkman		13b. MOTHER'S MAIDEN NAME Anna Stodieck	
14. NAME OF HUSBAND OR WIFE Late George R. Schute		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Mr. Ray Kallmeier, 8361 Ardsley Drive, 21.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cornary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH 12 hrs +	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4201	
22. I hereby certify that I attended the deceased from <i>May 5, 1954</i> , to <i>May 5, 1954</i> , that I last saw the deceased alive on <i>May 5, 1954</i> and that death occurred at <i>11:35P</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Trush Cohen</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>5899 Delmar St. No. 10</i>		23c. DATE SIGNED <i>May 7/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>5/8/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Peters Cemetery</i>	
24d. LOCATION (City, town, or county) <i>St. Louis County, Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Calvin F. Feutz</i>		ADDRESS <i>4828 Natural Bridge Blvd., St. Louis, 15, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

FILE IN CITY

HOURS 2:00 PM to 5:00 PM
FRIDAY SURE

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..

Student.....
Signature of Student Embalmer

Signed *John A. M... ..*

Licensed Embalmer No. 4110

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.