n				ALTH OF MISSOU			16458
APR 16	1953	STANDARD C	ERTIF	CATE OF DEA	MH	State File N	/o
8		_ REG. DIST. NO	3/7				····· / · · · · · · · · · · · · · · · · · · ·
I. PLACE OF DEA				a STATE	_	bere decessed lived. If b. COUNTY	f lostitution: residence before incinations
TOWN Cla	yton,	township) STAX (I	ÄA	170WN Sain	t Loui	.е	2/79
d. FULL NAME OF DEMONSTRATE OR ELECTRICAL OR	ast End of	Francis Fiel University Gr	d On Ounda	ADDRESS 4140			10 /
3 NAME OF	a. (First)	B. (Middle)	H	c. (Last) SCHUTE	-	4. DATE (Mont OF DEATH March	30th, 1953
//		7. MARRIED, NEVER MA WIDOWED, DIVORCED MATTIED	RRIED, (Specify)	a. DATE OF BIRTH June 6th, 18	81	9. AGE (In years) of the last birthday) Mos 71	the Days Hours Mis.
10a. USUAL OCCUPATIO	N (Give kind of work g life, even if retired) DINA.N		DUSTRY				12. CITIZEN OF WHAT COUNTRY? USA
134. FATHER'S NAME		Henrie	tta (F	<u>iattie) Plack</u>	Add	lie M. Schui	te nee Brinkma
(Yes, no, or unknown) (If	yes, give war or dates	of service)	NO.				Address e Avenue, 10
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C DIRECTLY LEAD	ONDITION ING TO DEATH*(a)	ical c	ERTIFICATION	tur	al can	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	Morbid condition	s, if any, giving DUE TO (t nuse (a) stating use last.	-			122	
tion which caused death.	Conditions contri	buting to the death but not	6 (19)				
19a. DATE OF OPERA- TION	19b. MAJOR FIN	DINGS OF OPERATION				7955	20. AUTOPSY1
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)			<u> </u>		COUNTY	Y) (STATE)
21d. TIME (Month) OF INJURY	(Duy) (Year)	WHILEAT NOT	WHILE	211. HOW DID INJURY	OCCURT		
22. I hereby certify to alive on	ihat I attended		urred at	, 19, to m., from t	he causes		
Herbert R. I	Omke. M.D	Local Regist	trary		ntwood	Bl vd.	23c. DATE SIGNED 4/7/53
24. BURIAL, CREMA TION REMOVAL COMME	- 246. DATE	24c. NAME OF	CEMETER	metery	St. Lo	uis County	Missouri
DATE REC'D BY LOCAL 3-3/-5-3 REG	REGISTRARYS	1R.Donah	1-M1	Salvin F. Fe	utz, 4		ADDRESS. L Bridge Blvd.
		P. (Licensed Er	mbelmer's	Statement on Reverse Si	d+)		
	BIRTH NO. I. PLACE OF DEA a. COUNTY Sa 1 b. CITY (If outside cor TOWN Clay TOWN Clay d. FULL NAME OF (INSTITUTION W 3. NAME OF DECEASED (Type or Print) 8. SEX 6. Male W 10a. USUAL OCCUPATION does during most of works Private Watc 13a. FATHER'S NAME (Charles (Kar 15. WAS DECEASED EVE (Yea. no. or unknown) (II 'NO 18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discuss, injury, or complication which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT HOMICIDE 21d. TIME (Meach) OF INJURY 22. I hereby certify in align on Town REMOVAL County 24a. BURIAL, CREMA THENDET R. I	1. PLACE OF DEATH a. COUNTY SAINT LOUIS b. CITY (If outside corpusate limits, write R OR Clayton, d. Full NAME OF CLAY INC. SAINT LOUIS HOSPITAL OR East LING OF INSTITUTION WASHINGTON 3. NAME OF DECEASED (Type or Prins) GEORGE 8. SEX 6. COLOR OR RACE White 10a. USUAL OCCUPATION (Give kind of work doop during most of working like, even if recirced) Private Watchinan 13a. FATHER'S NAME Charles (Karl) Schute 15. WAS DECEASED EVER IN U. S. ARMED (You, no, or unknown) 16. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) This does not mean the mode of dying, such as heart fallure, asthernia, ctc. If means the dis- cuse, injury, or complica- fion which caused death. This does not mean the mode of dying, such as heart fallure, asthernia, ctc. If means the dis- cuse, injury, or complica- fion which caused death. Conditions contri- related to the disc the underlying ca	SIRTH MO. SIRTH MO. SIRTH MO. REG. DIST. NO. I. PLACE OF DEATH a. COUNTY Saint Louis b. CITY If emidde corporate limits, write RURAL and give ORY Clayton, d. FULL NAME OF CLAST SINCH COUNTY OF TOWN Clayton, MCSPITAL OR East Sind Of Trancis Sive of HOSPITAL OR East Sind Of Trancis Sive of HOSPITAL OR East Sind Of Trancis Field INSTITUTION Washington University Gr 3. NAME OF CEORGE RUDOLF 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA WIDOWED, DIVORCED MATTIGUE 10a. USUAL OCCUPATION (Give kind of work decome during most of working life, even if retired) Private Watchman 10a. SUAL OCCUPATION (Give kind of work decome during most of working life, even if retired) Private Watchman 10a. FATHER'S NAME Charles (Karl) Schute 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL STOCK OF THE COUNTY OF THE does not mean the mode of sysins, such as heart fallure, arthenia, cit. It means the discuss, trainty, or complication which coused death. 11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 6. SIGNIFICANT CONDITIONS DIRECTLY LEADING TO DEATH 6. SIGNIFICANT CONDITION 11. OTHER SIGNIFICANT CONDITION 12. The continuing to the death but not related to the disease or condition couring death 12. OTHER SIGNIFICANT CONDITION 11. OTHER SIGNIFICANT CONDITION 11. OTHER SIGNIFICANT CONDITION 12. II. OTHER SIGNIFICANT CONDITION 12. II. OTHER SIGNIFICANT CONDITION 13. OTHER SIGNIFICANT CONDITION 14. AT 14.	SIRTM NO. SEG. DIST. NO. 3/7 I. PLACE OF DEATH a. COUNTY Saint Louis b. CITY (If counted corpurate limits, write RURAL and give DR CORPURATION Clayton, Complete Control of Francis Field on Institution Washington University Grounds 3. NAME OF BEORGE RUDOLPH 5. SEX SCOLOR OR RACE RUDOLPH 6. SEX SCOLOR OR RACE RUDOLPH 10a. USUAL OCCUPATION (Clive kind of work doughdring most of working life, even if redired) Private Watchman 13a. FATHER'S NAME Charles (Karl) Schute 15b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yee, no., or unknown) (If yee, give war or dates of service) 16c. CAUSE OF DEATH Enter only one counterper lime for (a), (b), and (c) 17b. CAUSE OF DEATH Enter only one counterper lime for (a), (b), and (c) 17b. CAUSE OF DEATH Enter only one counterper lime for (a), (b), and (c) 17b. CAUSE OF DEATH Enter only one counterper lime for (a), (b), and (c) 17b. CAUSE OF DEATH Enter only one counterper lime for (a), (b), and (c) 17b. CAUSE OF DEATH Enter only one counterper lime for (a), (b), and (c) 17b. CAUSE OF DEATH Conditions, if any, giving DUE TO (b) 18c. CAUSE OF DEATH Enter only one counterper lime for (a), (b), and (c) 17b. Conditions contributing to the death but not related to the above cause (a) staining the underlying counter last. 19a. DATE OF OPERATION 11c. OTHER SIGNIFICANT CONDITION 21a. ACCIDENT (Boselty) Staining Contributing to the death but not related to the disease or condition counting death. 19b. MAJOR FINDINGS OF OPERATION 21c. INJURY OCCURED WINDLESS AT WORK AT	SIRTH MO. RES. DIST. MO. SIRTH MO. SIRTH MO. RES. DIST. MO. RES. DIST. MO. SIRTH MO. RES. DIST. MO. RES. DIST. MO. SIRTH MO. RES. DIST. MO. RES. DIST. MO. SIRTH MOSPITAL OR FRANCE OF SIRTH MOSPITAL OR RESIDENCE OF MORRES 4140 NO. SIRTH MOSPITAL OR FRANCE OR MORRES 4140 RES. DATE OF BIRTH June 6th. 18 II. BIRTHPLACE (C. RES. WAS DECASED EVER IN U. S. ARMED FORCES) RES. WAS DECASED EVER IN U. S. ARMED FORCES? II. SOCIAL SECURITY RES. DATE OF DEATH RES. DATE OF DEATH RES. DATE OF GRANCE OR CONDITION RES. DATE OF OPERA. II. DISEASE OR CONDITION RES. DATE OF GRANCE OR CONDITION RES. DATE OF OPERA. II. DISEASE OR CONDITION RES. DATE OF GRANCE OR CONDITION RES. DATE OF GRANCE OR CONDITION RES. DATE OF GRANCE OR CONDITION RES. DATE OF OPERA. II. DISEASE OR CONDITION RES. DATE OF GRANCE OR CONDITION RES. DATE OF GRANCE OR CONDITION RES. DATE OF GRANCE OR CONDITIONS CONDITIONS OR CONDITION RES. DATE OF GRANCE OR CONDITION RES. DATE OF GRANCE OR CONDITIONS CONDITIONS OR CONDITION RES. DATE OF GRANCE OR CONDITION RES. DATE OF GRANCE OR CONDITION RES. DATE OF GRANCE OR CONDITION RES. DATE OR CONDITION RES. DATE OR CONDITION RES. DATE OR CONDITION RES. DATE OR COND	STANDARD CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. COUNTY Saint Louis 3. COUNTY Saint Louis 4. FULL NAME OF DEATH 3. NAME OF DEATH 4. COUNTY Saint Louis 4. FULL NAME OF DEATH 5. CITY (II counted corporate limits, write RURAL and give to the county of the count	STANDARD CERTIFICATE OF DEATH SHETH MD. REG. DIST. NO. REG.

3:00 PM (Tuesday

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CT A TE	SECRET DA	*****	CEADATECO
SIVIE	MEIAI DI	LICENSED	EMBALMER

Student	Signed of the C. Muna				
Student Embalmer					
•	Licensed Embalmer No.				
	Bo Allow Cl. Freno Me				

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.)

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.

If this body is not embalmed, fact should be so stated above.