

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16458**

REC'D APR 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>955</u>	
1. PLACE OF DEATH a. COUNTY Saint Louis				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 Clayton		c. LENGTH OF STAY (In this place) P.O.A.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION Washington University Grounds				d. STREET ADDRESS (If rural, give location) 4140 Mc Ree Avenue, 10			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE			b. (Middle) RUDOLPH		c. (Last) SCHUTE		4. DATE OF DEATH (Month) (Day) (Year) March 30th, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 6th, 1881		9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Private Watchman	10b. KIND OF BUSINESS OR INDUSTRY Washington University		11. BIRTHPLACE (City and State or Foreign Country) Kimmswick, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles (Karl) Schute		13b. MOTHER'S MAIDEN NAME Henrietta (Hattie) Plack		14. NAME OF HUSBAND OR WIFE Addie M. Schute nee Brinkman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Addie Schute ADDRESS 4140 Mc Ree Avenue, 10			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) UNKNOWN NATURAL CAUSE							
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural cause							
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
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 D		7955		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? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) Herbert R. Domke, M.D. Local Registrar				23b. ADDRESS 651 S. Brentwood Blvd.		23c. DATE SIGNED 4/7/53	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 4/2/53	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. 3-31-53		REGISTRAR'S SIGNATURE Herbert R. Domke-M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Salvin F. Feutz, 4828 Natural Bridge Blvd.			

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

Hours 1:00 PM to 3:00 PM (Tuesday)

FILE IN ST. LOUIS COUNTY.

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
Student Embalmer

Signed *John C. McLean*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

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.