

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9328
Registrar's No. 2811

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution three days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Edw. C. Schlueter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Late Mary S. Schlueter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 11th, 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur
11. Industry or business Retired 12 years

MOTHER FATHER { 12. Name Charles Schlueter
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Caston
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Schlueter
(b) Address 4245 Pleasant

17. (a) Burial (b) Date thereof 3-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322S. Grand Blvd.

19. (a) MAR 26 1940 (b) J. H. Brudick
(Date recorded by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6411 Minnesota
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3- day 23
year 1940 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from Feb. 10, 1940 to Mar. 23, 1940
that I last saw him alive on Mar. 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Hypertrophy and Dilatation Duration _____

Due to Chronic Nephritis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. W. Peters (M. D. or other) M. D.
Address 4145a S. Grand Blvd Date signed 3/25/40

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

MAY 5 1950

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Virgil L. Berryman

Licensed Embalmer No. 4018

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, above space should be left blank.