

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16179

State File No. _____

FILED MAY 8 1940 794

Registration District No. _____

Primary Registration District No. 240

Registrar's No. 843

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 4/18/40.
(Specify whether
In this community unknown.
years, months or days)

8. (a) PRINT FULL NAME William J. Schlueter, 1136

8. (b) If veteran, name war Spanish-American 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Eva 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 5, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 23 hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Warden 6

11. Industry or business Fish & Game 6

12. Name Frederick Schlueter 6

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louise (surname unknown)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schellig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 5/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trinidad Cem.

18. (a) Signature of funeral director W. J. Ludwig and Co.

(b) Address 1417 N. Market St.

19. (a) APR 30 1940 (Date received 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")
2313-A Salisbury Street
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1940 hour 11:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from April 18, 1940 to April 28, 1940; that I last saw him alive on April 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive and coronary arterio-sclerotic heart disease, with gross cardiac enlargement, myocardial damage and auricular fibrillation. Unkn.
Due to _____
Due to _____

Other conditions Psychosis, with cerebral hemorrhage.
(Include pregnancy within 3 months of death)
Major findings: 9321
Of operations _____
Of autopsy no autopsy.

Duration

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) NO
(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? Yes (Specify type of place) (e) Means of injury _____

23. Signature C. W. HUGHES, M.D. (M. D. or other) _____
Address Ch. Med. Off., VAF, J.B. Mo. Date signed _____

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

MOTHER FATHER

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

Walter L. Ponder

Licensed Embalmer No. *3367*

P. O. Address *2223 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 this body is not embalmed, above space should be left blank.

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