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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4331  
Registrar's No. 227

Registration District No. 784 Primary Registration District No. 111

96  
788  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis Park Hgts  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 days  
(Specify whether years, months or days)  
In this community 24 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3949 Magnolia  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Emilie Schlutius  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 29  
year 1941 hour 5 minute 50 p.m.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow 2  
6. (b) Name of husband or wife Rev. G. Schlutius  
6. (c) Age of husband or wife if alive --- years  
7. Birth date of deceased July 15, 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 29, 1941, to Jan. 29, 1941, that I last saw her alive on Jan. 29, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
81 6 14 hr. min.

Immediate cause of death Bronchopneumonia Duration 10 days

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

Due to Arteriosclerosis, generalized  
Due to Cerebral sclerosis  
Coronary sclerosis

10. Usual occupation Home

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business  
12. Name George Sohns  
13. Birthplace Unknown Switzerland  
(City, town, or county) (State or foreign country)  
14. Maiden name A. Schweikhaus  
15. Birthplace Unknown Switzerland  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: 94  
Of operations  
Of autopsy

16. (a) Informant George W. Schlutius  
(b) Address 47 Summit Ave. Webster Groves  
17. (a) Burial (b) Date thereof 2/1/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Memorial Park  
18. (a) Signature of funeral director Wacker-Helderte  
(b) Address 2331 S. Broadway  
19. (a) JAN 27 1941 (b) W. K. Meyer  
(Date received by registrars) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury  
23. Signature Carl G. Harford (M. D. or other) P  
Address 3720 Washington Blvd. Date signed 1/31/41

**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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address 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.**