

Registration District No. 754

Primary Registration District No. 200

State File No. _____

Registrar's No. 1348

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Normandy
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mother of Good Counsel Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Elizabeth Schluter

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased September 12 1846
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>94</u>	<u>9</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Philip Wahlmeyer

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

14. Maiden name Mary Stradelman

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

16. (a) Informant Grace Peetz

(b) Address 3029 Lafayette Ave

17. (a) Burial (b) Date thereof June 28 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JUN 27 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 96
 (c) City or town Normandy (If outside city or town limits, write "RURAL")
 (d) Street No. 6828 Natural Bridge Rd. (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 70 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
 year 1941 hour 9:20 minute AM

21. I hereby certify that I attended the deceased from May,
 19 35 to June 26, 19 41.

that I last saw her alive on June 26, 19 41,
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Chr. Cardio-Vascular-Renal Disease.
Extreme senile type. Myco-carditis-

Arterio-sclerosis-general Chr.
Int. Nephritis. Senile dementia.

Due to General Anasarca-Uremia and
Uremia Coma. Heat - 1 Mo.

Other conditions Died in Home of the Incurables.
 (Include pregnancy within 3 months of death)

Major findings: None
 Of operations

Of autopsy NO
Died in the home of the incurables at age of 95 yrs

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 No

(c) Where did injury occur? None
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No

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

23. Signature [Signature] (M. D. or other)

Address 3718 Jennings Rd. Pine Lawn, Mo signed 6-27-'41

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

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: *Frank J. Owens*

Licensed-Embalmer No. *2245*

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.