

318  
FILED APR 19 1943  
Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: GOOD SAMARITAN ALTENHEIM  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 yrs 6 mos  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MATILDA SCHLUETER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased OCTOBER 18 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace W. Loria (City, town, or county) mo (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name John Schluter

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

14. Maiden name Unknown

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

16. (a) Informant Mary Achter

(b) Address Berely mo

17. (a) Burial (Burial, cremation, or removal) Reverend (b) Date thereof 4 7 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Berely mo

18. (a) Signature of funeral director Hertzig Funeral Home

(b) Address Hannover

19. (a) APR 6 1943 (Date received local registrar) (b) J. J. Benedek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jefferson  
(c) City or town Barnhart mo (If outside city or town limits, write "RURAL.")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 5  
year 1943 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan 26 1943 to April 5 1943  
that I last saw her alive on April 4 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions chronic myocarditis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

White at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. F. Bergmann (M. D. or other) MD

Address 3720 Washington Date signed 4/6/43

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

MOTHER FATHER

Blau... 7 feet tall...

---

---

**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. William J. Hiram

Licensed Embalmer No. 4319

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.**