

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

State File No.

Registrar's No.

FILED JAN 7 1947

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH: 318

(a) County St. Louis, Missouri.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County O.A.C.

(c) City or town ST. LOUIS 1811

(d) Street No. 1403 SO. VANDEVENTER Memorial (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HERMAN SCHLUETER Schlüter

3. (b) If veteran, name war NONE

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th  
year 1946 hour 7:30 minute P.M.

21. I hereby certify that I attended the deceased from 12/12/46  
19 to Dec. 24th 19 46  
that I last saw him alive on Dec. 24th 19 46  
and that death occurred on the date and hour stated above.

4. Sex MALE (1) 5. Color or race WHITE 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 APR. 11 1890  
(Month) (Day) (Year)

Immediate cause of death: Coronary occlusion? and Hypertensive Ht. disease  
Duration: 10-15 yrs.

8. AGE: Years 56 Months 8 Days 13 If less than one day hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

9. Birthplace ST. LOUIS MO. (1)  
(City, town, or county) (State or foreign country)

10. Usual occupation SHEET METAL WORKER

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name CHARLES SCHLUETER

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

14. Maiden name LENA BERG

15. Birthplace ST. LOUIS MO. (1)  
(City, town, or county) (State or foreign country)

16. (a) Informant CLARA KIEFFER  
(b) Address 378 NO. TAYLOR

17. (a) CREMATION (b) Date thereof 12 27 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MO. CREMATORY

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? George J. Parker M.D. (Type name and place) (Means of injury)

23. Signature 1515 Lafayette 12/27/46 (Other)  
Address Date signed

18. (a) Signature of funeral director KRIEGSKAUSER  
(b) Address 4428 SO. KINGSHIGHWAY

19. (a) DEC 27 1946 (Date of local registration)  
J. F. Predeck (Registrar's signature)

41735  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 Richard W. Stovesand  
Licensed Embalmer No. 4007  
P. O. Address.....

**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.**