

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11165**
Registrar's No. **800**

MAR 29 1957

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069**

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS	c. LENGTH OF STAY (in this place) 6 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS 4505	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1359 MCCUTCHEON AVE		d. STREET ADDRESS (If rural, give location) 1359 MCCUTCHEON AVE.	

3. NAME OF DECEASED (Type or Print)	a. (First) ALICE	b. (Middle) D. SCHLUETER	c. (Last) WENNEKER	4. DATE OF DEATH (Month) (Day) (Year) MAR 25 1957
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH SEPT. 28, 1866	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FREDY SCHLUETER	13b. MOTHER'S MAIDEN NAME MINNIE GDESSLING	14. NAME OF HUSBAND OR WIFE EDW. F. H. WENNEKER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME EDW. F. H. WENNEKER	ADDRESS 1359 MCCUTCHEON
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Uterus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 174X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1st, 1957**, to **Mar 25, 1957**, that I last saw the deceased alive on **Mar 22, 1957**, and that death occurred at **7:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. H. W. Muesch, M.D.	23b. ADDRESS 33 N. W. W. Clayton Mo.	23c. DATE SIGNED 3-25-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-27-57	24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KIRKWOOD MO.
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DATE REC'D BY LOCAL REG. 3-25-57	REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Mullerberg Funeral Home	ADDRESS 723 W. Kirkwood Ave. Unit. Des.
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(Licensed Embalmer's Statement, on Reverse Side)

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 Me

working under my personal supervision.

Student Embalmer No.

Signed Elton R. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.