

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH _____

County _____

Township _____

Village _____

City St Louis (NO. 2855 Badstall 15 Ward)

Registration District No. _____

Primary Registration District No. _____

791

File No. _____

1003

Registered No. _____

2459624000

6208

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Edward W. Scheueter

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED married WIDOWED OR DIVORCED _____ (If write the word)

DATE OF DEATH July 13th, 1912 (Month) (Day) (Year)

DATE OF BIRTH June 5th 1893 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 19th, 1912, to July 13th, 1912, that I last saw him alive on July 13th, 1912, and that death occurred, on the date stated above, at 11:30 a.m.

AGE 39 yrs. 1 mos. 8 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Printer

Pulmonary Tuberculosis

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Shoes

(Said to have taken sick February 8th)
(Duration) yrs. 5 mos. 5 ds.

BIRTHPLACE (City or town, State or foreign country) St Louis

Contributory I know of none

NAME OF FATHER Gerhard Scheueter

(Duration) yrs. ___ mos. ___ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

(Signed) Robert J. O'Reilly M. D.
July 14, 1912 (Address) 1107 St. Grand av

MAIDEN NAME OF MOTHER Elizabeth Deleber

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pennsylvania

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death yrs. ___ mos. ___ ds. In the State yrs. ___ mos. ___ ds.

(Informant) Elizabeth Scheueter

Where was disease contracted If not at place of death? _____

(ADDRESS) 2855 Badstall

Former or usual residence _____

Filed JUL 15 1912 Max B. Starkloff

PLACE OF BURIAL OR REMOVAL Old St Marcus DATE OF BURIAL July 15th

REGISTRAR _____

UNDERTAKER Wm P. Collins ADDRESS 517 Paenuton

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use, of "Tumor" for malignant neoplasms); *Measles*;

Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of; "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

DEC 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of }
County of } ss.

State File No. 3
Local Registrar's No. 6206

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194....., before me appears.....

for Edward W. Schluter, who, upon oath, states that the original record of birth
died 7-13-1912, 19....., in the State of
born
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 5 should read. Married

Instead of

Item No. should read. Eva L. Schluter

Instead of

Item No. should read.

Instead of

Item No. should read.

Instead of

Item No. should read.

Instead of

Item No. should read.

Instead of

Item No. should read.

Instead of

Item No. should read.

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant Lillian L. Pearl Relationship. Daughter

27 So. Euclid Ave
Present Address.

Subscribed and sworn to before me this 7 day of Nov., 1947

My Commission expires 3-4-49. Earl C. Johnson Notary Public.

*10-11-1900 - Patricia McNamee
letter signed by your long husband Ed - written
to her as darling wife (Mesa, Ariz - 5-31-1912)*

