

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

Do not use this space.

19779

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 100  
 City St. Louis Mo. Boone 412 Keenebrook St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. \_\_\_\_\_ Registered No. 5502

**2. FULL NAME**

Else Bertha Schlueter  
 (a) Residence. No. 4067 1/2 Shaw Ave Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OR (OR) WIFE OF Wolfgang Schlueter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>28</u>	<u>9</u>	<u>18</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Nurse 1965  
 (b) General nature of industry, business, or establishment in which employed (or employer) X Ray operator  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Germany

10. NAME OF FATHER Richard Deutschman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Bertha Schoy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Germany

14. INFORMANT Wolfgang Schlueter  
 (Address) 4067 1/2 Shaw Ave

15. FILED 1927 max b Starnoff  
 19\_\_\_\_ Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date stated above, at \_\_\_\_\_, 19\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lectur shock  
Contract orth. Electro.  
 CONTRIBUTORY (SECONDARY) None  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH \_\_\_\_\_  
 WAS THERE AN AUTOPSY? yes 1926

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) W. St. Vitte, M. D.  
 14/1/27 (Address) Corcoran

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cem. DATE OF BURIAL June 15 1927

20. UNDERTAKER Brehmann Haral ADDRESS 1905 Winifred

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

