

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

Do not use this space.

21973

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **#5369** **Easton Ave.** St. Ward)

File No.
 Registered No. **6136**

2. FULL NAME

Florence Anna Schleusser
 (a) Residence. No. **5369 Easton Ave.** Ward **6**
 (Usual place of abode) (If nonresident give city or town and State)
 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.

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 OF (OR) WIFE OF **Rudolph Schleusser**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 7th 1901**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 | 8 | 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **At Home**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Kansas City**
 (STATE OR COUNTRY) **Mo.**

10. NAME OF FATHER **Oscar Stark**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Missouri**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Anna Pearson**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Missouri**
 (STATE OR COUNTRY)

14. INFORMANT **Rudolph Schleusser**
 (Address) **#5369 Easton**

15. FILED **May 7 1928** **May C Starbuck** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 6th 1928**

17. I HEREBY CERTIFY, That I attended deceased from **May 28** to **June 6** 19**28**, that I last saw **her** alive on **June 6** 19**28**, and that death occurred, on the date stated above, at **1:40 p. m.**

18. THE CAUSE OF DEATH WAS AS FOLLOWS:
Phthisis Pulmonalis

29A
93A
 CONTRIBUTORY (SECONDARY) **Acute myocarditis**
 (duration) yrs. **6** mos. **1** ds.

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

8 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) **W. H. D. Ager** M. D.
 (Address) **674 24 Easton Ave**

*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 **6-8-1928**

20. UNDERTAKER **O. R. Rupton** ADDRESS **#449 Cleve. Street**

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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5424 Boston

9, 0669

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OK
1/25/20