

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. 701

File No. 25459

Township.....

Primary Registration District No. 703

Registered No. 7272

City St. Louis (No. Alexian Bros. Hospital)

St. .... Ward)

**2. FULL NAME**

Henry Frederick William Schlueter

(a) Residence. No. 1932 W. Winnebago St. 24 Ward.

(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**

Male

**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**

Caroline Schlueter

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Dec 28-1856

**7. AGE**

YEARS

MONTHS

DAY

IF LESS than 1 day, .... hrs. or .... min.

71

6

13

**8. OCCUPATION OF DECEASED**

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

Leather Worker

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

Madart

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**10. NAME OF FATHER**

Unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

**14.**

INFORMANT (Address)

Caroline Schlueter  
1932 W. Winnebago St.

**15.**

FILED

July 1928 Mrs. C. Stakley

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

July 11 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to ....., 19....., and that

death occurred, on the date stated above, at 9:20 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Apoplexy  
(Non-Traumatic)  
CONTRIBUTORY (SECONDARY) 7401

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH?**

DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

Autopsy  
13/10/28 (Address) Coronary

\*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**

DATE OF BURIAL

New St. Marcus July 14 1928

**20. UMBERTAKER**

ADDRESS

Wacker-Helderslc 2331 S. Bldg

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.

