

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.

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

Do not use this space.

6421

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. St. Louis City Hospital) St. (Ward)

File No.....
Registered No. 1460
St. (Ward)

2. FULL NAME

Carl J. Schlueter
(a) Residence, No. 403 So Vandeventer St., 18 Ward.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1883

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. min.
48 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri P.R.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER FATHER 13. NAME Charles Schlueter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Lena Berg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Herman Schlueter
(ADDRESS) 1403 So Vandeventer

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 2-15 19. 31

19. UNDERTAKER Tracy Shaver
(ADDRESS) 4104 So Vandeventer

20. FILED FLD 15 1932 Max O. Standoff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12-1932

22. I HEREBY CERTIFY, That I attended deceased from St. Louis City Hospital, 1932, to St. Louis City Hospital, 1932.

I last saw him alive on 2-12-1932, 1932. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

173
Gunshot wound of chest caused by bullet fired from gun in hand of patient while working during
Other contributory causes of importance:
a "hold-up"

Name of operation 173 Date of 2-12-1932
What test confirmed diagnosis? 173 Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 2-12-1932

Where did injury occur? St. Louis Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Gunshot wound of chest
Nature of injury Gunshot wound of chest

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify 173

(Signed) Wm. D. Over M. D.
(Address) Over

