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.

NOV 10 1933

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

Do not use this space.

File No. 34269

Registered No.

1. PLACE OF DEATH

County St. Louis — Registration District No. 784

Township St. Ferdinand — Primary Registration District No. 6630

City Ferguson Mo. (No. Railroad Track Ferguson Mo. St. Ward)

2. FULL NAME Henry C. Schlueter.

(a) Residence, No. 25 Hereford Ave St., 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bertha J. Schlueter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 28, 1866

7. AGE: Years 67 — Months 5 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Crossing Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wab. R.R.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Co. Missouri

FATHER

13. NAME: Herman Schlueter

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

MOTHER

15. MAIDEN NAME: Louise Remmerts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Germany

17. INFORMANT (ADDRESS): Mrs. Bertha J. Schlueter 25 Hereford Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE Oct. 30 1933

19. UNDERTAKER (ADDRESS): Geo. L. Oleitach Inc. 5966 Easton Ave.

20. FILED 10-27 1933 Emma J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/26 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:- a.m.

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

Pericarditis, chronic, and pronounced, endocarditis, chr. Myocarditis, chr. Chronic parenchymatous nephritis. Arterio sclerosis, generalized.

Date of onset

Other contributory causes of importance:

Aortic insufficiency. Acute dilitation of right heart.

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

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

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

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John B. Simon M.D.

(Address) 3718 Jennings Rd. St. Louis Co., Mo.

Found dead in Railroad yards, in Ferguson, Mo.