

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.

FEB 15 1936

7732

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 5946 Romaine Pl.) St. _____ Ward _____

File No. _____
Registered No. 1391

2. FULL NAME Henry C. Schlueter
(a) Residence, No. 5946 Romaine Pl. St. 6 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

MEDICAL CERTIFICATE OF DEATH

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 Minnie Schlueter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7th, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 1 28

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5th, 1936
I HEREBY CERTIFY, That I attended deceased from Dec 12, 1935 to Jan 5, 1936
I last saw him alive on 11/26, 1935. Death is said to have occurred on the date stated above, at 6:20 P.M.
The principal cause of death and related causes of importance were as follows:

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

Date of onset 1/2/36
Robert Manning
108
Other contributory causes of importance:
Senile Debility 12/2/35

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

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER FATHER 13. NAME Christ Schlueter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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. _____

MOTHER 15. MAIDEN NAME Minnie Mueller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Manner of injury _____
Nature of injury _____

17. INFORMANT Minnie Schlueter
(ADDRESS) 5946 Romaine Pl.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Christ H. B. Anderson M. D.
(Address) 9024 N. Grand

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE Feb. 8th, 1936

19. UNDERTAKER Drehmann Nunal
(ADDRESS) 1905 Union Blvd.

20. FILED FEB - 7 1936
J. F. Bredeck
Registrar.

Co 2470

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