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.

JUL 27 1936

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

Do not use this space.

24089

File No.

Registered No. 71

**1. PLACE OF DEATH**

County st. Louis — Registration District No. 785

Township ~~Bonhomme Twp.~~ — Primary Registration District No. 3037

City Kirkwood, Mo. (No. 527 Andrews St. Ward)

**2. FULL NAME** Louis G. Schluer

(a) Residence, No. 1920 A Palm St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| male | white | married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/31/1875

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 61 | 2 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cloth cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

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.

FATHER

13. NAME Gottlieb Schluer

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

MOTHER

15. MAIDEN NAME Annie Niermeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) US

17. INFORMANT (ADDRESS) Nellie Schluer 1920 a Palm Street,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove DATE 6/19/36, 19

19. UNDERTAKER (ADDRESS) Henry Leidner Und. Co 1417 N Market Str.

20. FILED 6/18, 1936 Agnes C Kelly Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/16/36, 19

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 1:25PM m.

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

Generalized arteriosclerosis; Chr. myocarditis, Chr. hypertension,

93 c

Date of onset

Other contributory causes of importance:

Acute myocardial dilitation.
Myocardial collapse.
Fell dead while sitting at work-bench.

Name of operation Coroner's view Date of

What test confirmed diagnosis? Was there an autopsy? no

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) Luta B. Turner 6/17/36, M. D.

(Address) 3718 Jennings Rd

Coroner St. Louis, Mo.

Anna [illegible]

[illegible] Mard [illegible]

Kelly

[illegible]