

MAR 5-1937

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. 791

Township

Primary Registration District No. 1003

City St. Louis

(No. City Hospital No. 1)

File No. 8565

Registered No. 2120

St. Ward)

B. 16255 Henry Schlueter

2. FULL NAME

(a) Residence, No. 5466 Gilmore St.,

Ward. 7

(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 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

Katherine Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

70

3

21

8. Trade, profession, or particular kind of work done, as aptainer, sawyer, bookkeeper, etc.

plasterer

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

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) Illinois

13. NAME Henry Schlueter

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

15. MAIDEN NAME Mary Schwepper

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

17. INFORMANT Hosp. Info. M.H. Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Feb. 18 1937

19. UNDERTAKER Promachwig and Co

(ADDRESS) 4740 W. Pleasant Ave

20. FILED FEB 11 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/15/37 19

22. I HEREBY CERTIFY That I attended deceased from 2/10/37, 19, 2/15/37, 19

I last saw him alive on 2/15/37, 19. Death is said

to have occurred on the date stated above, at 1.15 P

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

Arteriosclerotic heart disease
Carcinoma of bladder
Urinary

Date of onset

1932

1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Surgery Was there an autopsy? Y

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) Thos. W. Loan, M. D.

(Address) City Hospital No. 1

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.

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