

DEC 11 1939

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

41425
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No. 11117
(c) City St. Louis Mo (d) Street No. Rutherfordan Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos./y da.

2. PRINT FULL NAME

(a) Residence, No. 436 Emma Schlueter St. RA Pevely Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Henry Schlueter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1-1887

7. AGE YEARS 51 MONTHS 2 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as 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) House Springs Mo

13. NAME Frank Schuber

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

15. MAIDEN NAME Anna Hesse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Mo

17. INFORMANT Henry Schlueter (ADDRESS) Pevely Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Antonia Mo DATE 12-28-38

19. FUNERAL DIRECTOR Fred Heiligtag (ADDRESS) Kingwood Mo

20. FILED DEC 27 1939 J. O. Bredak Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1938, to Dec. 26, 1938

I last saw her alive on Dec. 25, 1938. Death is said to have occurred on the date stated above, at 4:52 a.m.

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

Cerebral neoplasm, (Metastatic Carcinoma of the Ovary?)
Chromaffin adenoma
of the Ovary?

Date of onset Dec. 12 1938

Other contributory causes of importance: Pneumonia, Bronchitis 3 days
Hypostatic

Name of operation None Date of None
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? No
If so, specify _____

(Signed) James Hutton, M. D.
(Address) 3606 Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM-7-20-37
1 X 12-26-44

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Howard F. Rowland

Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)