

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE 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.

Registration District No. 784

Primary Registration District No. 114

Registrar's No. 2312

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Shrewsbury  
 (c) Name of hospital or institution:  
7733 Devonshire Ave.  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town Shrewsbury  
7733 Devonshire Ave.  
 (d) Street No. \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William G. Schlueter  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 27th  
 year 1939 hour 7:30 minute A. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
 6. (b) Name of husband or wife Bertha Schlueter  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 15 1878  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 5 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Occlusion  
 Duration \_\_\_\_\_

9. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Secretary  
 11. Industry or business Mr. Olive Building + Loan  
 12. Name William Schlueter  
 13. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Louise Herr  
 15. Birthplace France  
 (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN W. G. Stouffer M.D.  
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Bertha M. Schlueter  
 (b) Address 7733 Devonshire Ave.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 12-29-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Kriegshauser Mortuary  
 (b) Address 4238 S. Kirkwood  
 19. (a) DEC 28 1939 (b) \_\_\_\_\_  
 (Date received and registered) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature Arthur W. Westfall (M. D. or other) \_\_\_\_\_  
 Address Shrewsbury Date signed 1939

Dr. Westrup  
204 Big Bend Blvd.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Edwin H. Bennett*

Licensed Embalmer No.

*3024*

P. O. Address.....

**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.)**

If this body is not embalmed, above space should be left blank.