DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1940

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16128

Primary Registration District No. 115

Registrar's No. 864

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.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Old People's Home 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution July 1936 (Specify whether years, months or days)

In this community Feby 14, 1935

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri O (b) County St. Louis

(c) City or town University City (If outside city or town limits, write "RURAL")

(d) Street No. 6600 Washington Avenue. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Henry R. Schlotzhauer 432

3. (b) If veteran, name war Civil

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lottie Schlotzhauer

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased September 26, 1857 (Month) (Day) (Year)

8. AGE: Years 82 | Months 47 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Cole County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer 0

11. Industry or business Retired 20 years 6

FATHER
12. Name Rudolph Schlotzhauer 6
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Christine Carrison
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Roy R. Schlotzhauer

(b) Address 3740 Neosho Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove Mo.

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue

19. (a) MAY - 2 1940 (Date received local registrar) (b) R. Meyer M D Dep H (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1940 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 30th, 1940, to May 1st, 1940; that I last saw him alive on May 1st, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Due to Coronary Thrombosis	5 days
Due to Coronary Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94 b

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ——

(b) Date of occurrence ——

(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? —— (Specify type of place)

While at work? —— (e) Means of injury ——

23. Signature John H Ahrens (M. D. or other) MD

Address 6600 Washington Date signed 5-2-40

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1945

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.....Guy W Wilkinson

Licensed Embalmer No.....3575

P. O. Address.....

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

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