DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1940

State File No. 32963

Registration District No. 759 Primary Registration District No. 6000 Registrar's No. 12

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Charles Callaway
(b) City or town Wentzville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Charles
(c) City or town Wentzville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Christena Margaret Schlueter
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife August Schlueter
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 8 (Day) 1860 (Year)

8. AGE: Years 80 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Wentzville (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Home duties 0
11. Industry or business
FATHER
12. Name Fritz Moellering 0
13. Birthplace Wentzville (City, town, or county) Mo. (State or foreign country) 1
MOTHER
14. Maiden name Margaret Helmich
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Edward Schlueter
(b) Address Wentzville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13 1940 (Month) (Day) (Year)
(c) Place: burial or cremation New Melle Mo
18. (a) Signature of funeral director T. E. Pittman
(b) Address Wentzville Mo.
19. (a) Sept 12-40 (Date received local registrar) (b) O. A. Mulm (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1940 hour 3 minute 4 M.

21. I hereby certify that I attended the deceased from March 1, 1940, to Sept 10, 1940; that I last saw her alive on Sept 7, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 Day
Due to Angina Pectoris	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94 B	

Major findings:
Of operations
Of autopsy

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? 6 80 (Specify type of place)
While at work? (e) Means of injury

23. Signature Claude W. Hoes (M. D. or other) Md.
Address Wentzville Mo Date signed 9-12-40

(Licensed Embalmer's Statement on Reverse Side)

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 T. E. Pittman

Licensed Embalmer No. 2711

P. O. Address Wentzville, Mo

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

If this body is not embalmed, fact should be so stated above.