

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Lemay**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**9807 Luna ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
-In this community **30 yrs.** (Specify whether  
years, months or days) **2**

3. (a) PRINT FULL NAME **John Schlittler**

3. (b) If veteran, name war **None** 8. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anna Schlittler** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **March 1 1875**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**65 9 26** hr. min.

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

10. Usual occupation **Huckster**

11. Industry or business **Self**

12. Name **Rudolph Schlittler**

13. Birthplace **Switzerland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Schlittler**

(b) Address **9805 Luna ave.**

17. (a) **Burial** (b) Date thereof **Dec. 30-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister N. L. Co.**

(b) Address **7814 S. Broadway St. Louis, Mo.**

19. (a) **DEC 30 1940** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Lemay**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7-9807 Luna ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **27**  
year **1940** hour **3** minute **30p.** M.

21. I hereby certify that I attended the deceased from **12-17**, 19**40**, to **12-27**, 19**40**  
that I last saw him alive on **12-27**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure**

Due to **chronic myocarditis**

Due to \_\_\_\_\_

Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) **no**

(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?  
While at work \_\_\_\_\_ (Specify type of place)  
(or) Means of injury \_\_\_\_\_

23. Signature **Bryon H. Caudill** (M. D. or other)

Address **374 Lemay Ferry Rd** Date signed **12/30/40**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

741 Lemon



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

*Richard H. [Signature]*

Licensed Embalmer No.

7881

P. O. Address

6781 192 [Signature]

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

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