

FILED MAY 13 1941  
79.1

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis.  
(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5427 Claxton 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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000  
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 179  
(d) Street No. 5427 Claxton Ave. (If rural, give location) 7  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1941 hour 12 minute 35 P.M.  
21. I hereby certify that I attended the deceased from April 25  
1941 to April 27 1941.  
that I last saw her alive on April 27 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations 620  
Of autopsy 620  
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 0  
23. Signature AJ Gettinger (M. D. number) \_\_\_\_\_  
Address 2745 N. Grand Ave. Date signed 4/29/41

3. (a) PRINT FULL NAME Sophia Schlueter.  
3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Late Henry Schlueter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 28 1862.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 11 0 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Anton Mentrup. 4  
13. Birthplace Germany. (City, town, or county) (State or foreign country)  
14. Maiden name Unknown. 9  
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Edna Hennendahl.  
(b) Address 3803 Lafayette Ave.

17. (a) Burial (b) Date thereof 5-1-41.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Bethlem cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.  
(b) Address 2223 St. Louis Ave.

19. (a) APR 29 1941 (b) J. W. Brudick  
(Data received local registrar) (Registrar's signature)

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

00  
17  
9

Bellingham  
2745 W. Grand. 1-3.

700 700

**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 John P. Buckholz  
Licensed Embalmer No. 1674  
P. O. Address 2223 So Lucia Ave

**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, fact should be so stated above.**