JUN 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18914

Registration District No. 784 Primary Registration District No. 300 Registrar's No. 1042

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: PINE CREST HOME 5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. (Specify whether years, months or days)

In this community 1 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Ballwin (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

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

3. (a) PRINT FULL NAME LOUIS SCHLUETER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 14 (Day) 1870 (Year)

8. AGE: Years 70 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Germany 4 (City, town, or county) (State or foreign country)

10. Usual occupation Teamster

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Krehmeyer

(b) Address RR#4 Box 298 Baden St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/41 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Mark Hermann Jr

(b) Address 2161 E Fair Av

19. (a) MAY 16 1941 (Date received local registrar) (b) T. R. Meyer M.D. Dr. P.H. (Registrar's signature) U.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 14TH year 1941 hour 4. minute 30 P. M.

21. I hereby certify that I attended the deceased from April 24, 1941, to May 13, 1941; that I last saw him alive on May 13, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	
Due to	
Due to 46 b	
Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)	
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? 707 (Specify type of place)

While at work? (e) Means of injury

23. Signature R. W. Jansen (M. D. ~~or other~~)

Address Manchester, Mo Date signed 5/15/41

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X19511

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 Leonard Hampton

Licensed Embalmer No. 2967

P. O. Address St. Louis, 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.