

Registration District No. 791

Primary Registration District No. 1003

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

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:
2040 East Prairie Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community Birth (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COO
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2040 East Prairie Ave
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
 year 1941 hour 12:45 PM minute _____ M.

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

Immediate cause of death from Myocarditis
 Duration _____

Due to _____
 Due to _____

Other conditions (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?

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

23. Signature Wm. B. Bredich (M. D. or other) _____
 Address 1918 East Grand Date signed _____

3. (a) PRINT FULL NAME August 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 Married

6. (b) Name of husband or wife Christine Schlueter nee Buecks Age of husband or wife if alive 77 years

7. Birth date of deceased March 27, 1863
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>2</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Woodworker

11. Industry or business _____

12. Name Henry Schlueter

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

14. Maiden name Anna Quest

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

16. (a) Informant Mrs Christine Schlueter

(b) Address 2040 East Prairie Ave

17. (a) Burial (b) Date thereof 6/16/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 16 1941 (b) J. B. Bredich
 (Date received local registrar) (Registrar's signature)

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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

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.