S. No. 2
M—1-4-41
r. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9184

Registration District No. 791 FILED APR 8 1942

Primary Registration District No. 100

Registrar's No. 2283

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5193 Vernon Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 5
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5193 Vernon Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Agnes Schlueter
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 1 (Day) 1863 (Year)

8. AGE: Years 78 Months 8 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business John H. Meyer
FATHER 12. Name ~~Dont Know~~ Germany
13. Birthplace " " (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name ~~Dont Know~~
15. Birthplace Dont Know (City, town, or county) (State or foreign country)
16. (a) Informant Anthony J. Schlueter
(b) Address 5193 Vernon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Sullivan Bros
(b) Address 2849 No Euclid Ave
19. (a) MAR 12 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th year 1942 hour 6 minute 30 p M.
21. I hereby certify that I attended the deceased from Aug. 1941, 19 to March 10, 1942
that I last saw her alive on March 10, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac asthenia acute	
Due to: Chr. Arthritis Deformans	25 yrs.
General Arteriosclerosis	
Due to: Chronic Myocarditis	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Dr. Leo P. Young (M. D. or other)
Address 2621 S. Jefferson Date signed Mar 11/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Leo Young
5046 So Grand
LO-3785
LA-3585 2621 So Jefferson

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 Albert Mayfield

Licensed Embalmer No. 3077

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.