

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

9185

3328

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3933a Fillmore
(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

3. (a) PRINT FULL NAME Louisa Schlueter

3. (b) If veteran, name war None 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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 12, 1848
(Month) (Day) (Year)

8. AGE: Years 94 Months 0 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace France (City, town, or county) (State or foreign country) 5

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name (Unknown) Herr

13. Birthplace France (City, town, or county) (State or foreign country) 5

14. Maiden name Unknown 15. Birthplace France (City, town, or county) (State or foreign country) 5

16. (a) Informant Mrs. Bertha Schlueter

(b) Address 3933a Fillmore

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Southern Funeral Home

18. (a) Signature of funeral director _____ (b) Address 6322 S. Grand Blyd.

19. (a) APR 14 1942 (Date received local registrar) (b) J. J. Boush (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3933a Fillmore (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th year 1942 hour 7:30p.m. minute _____ M.

21. I hereby certify that I attended the deceased from Dec 7 1940 to April 12 1942 that I last saw him alive on April 12 1942 and that death occurred on the date and hour stated above. Duration _____

Immediate cause of death Myocardial Weakness
Senility

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 Arthur W. Metzger (M. D. or other) _____
Address Wabash Groves Md Date signed 4-13-42

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

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Dr. A. Nestrup
20th Big Bend,

8th 9 - 1st 2 - 7th 8

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.....

Licensed Embalmer No..... 4018

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.