

FILED NOV 6 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2169

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

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town Gravois- 8100 Gravois
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Miller Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. one month
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emily Schlueter

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife HENRY 6. (c) Age of husband or wife if alive UNKN years

7. Birth date of deceased Aug. 25, 1851
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	91	1	22hr.min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Zeppenfeld

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

14. Maiden name Sophia Slutte

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

16. (a) Informant William Schlueter
 (b) Address 4472 Bircher Blvd.

17. (a) Burial (b) Date thereof Oct. 20, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig Und. Co.
 (b) Address 4746 West Florissant Ave.

19. (a) OCT 19 1942 (b) C. E. Mc Gurn
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4614 N. Broadway
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
 year 1942 hour 5 P.M. minute 40 P. M.

21. I hereby certify that I attended the deceased from Sept 27
 1942 to Oct 17 1942
 that I last saw her alive on Oct 17 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Depley
Arteriosclerosis
General weakness
 Due to insufficiencies of age

Due to Senility

Other conditions 97
 (Include pregnancy within 3 months of death)

Major findings: No operation
 Of operations
 Of autopsy None

Duration

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 J. J. Meredith (M. D. or other) M.D.
 Address 1269 N. Kingshighway Date signed 10-27-42

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..... *Willard G. Hoops*

Licensed Embalmer No. *2971*

P. O. Address.....

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.

COPIED BY [unclear]