

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Days  
(Specify whether  
In this community Approximately 45 years  
years, months or days)

3. (a) PRINT FULL NAME Fred Marshall Schlueter

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 9th years  
7. Birth date of deceased May 9th 1888  
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 0 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Evansville, Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name August Schlueter  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Kate Kner  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant William Schlueter

(b) Address 324 + Lucas

17. (a) Shipped to Burial Removal (b) Date thereof 12 11 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evansville, Ind  
18. (a) Signature of funeral director William Schlueter

(b) Address 4828 West Bryar, Beth

19. (a) DEC (b) J. P. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 20  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2513 W. St. Louis Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9  
year 1942 hour 1:50 minute P. M.

21. I hereby certify that I attended the deceased from December 2, 1942 to December 9, 1942;  
that I last saw him alive on December 9, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lung abscess  
non-tubercular  
Due to care system

Due to \_\_\_\_\_  
Other conditions 114  
(Include pregnancy within 3 months of death)  
Septic ulcer

Major findings: Septic ulcer  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(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) \_\_\_\_\_  
(Specify means of injury) \_\_\_\_\_  
23. Signature W. H. Maden (M.D. or other)  
Address 1515 Lafayette Avenue Date signed 12/9/42

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

**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.....

*John A. Mlinar*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*John A. Mlinar*.....

Licensed Embalmer No. *4186*.....

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.**