

Registration District No. **318**

Primary Registration District No. **1003**

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:
6535 Clayton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community life
years, months or days)

3. (a) PRINT FULL NAME Nellie Schluer
3. (b) If veteran, name war No **3. (c) Social Security** No. None

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married,** 2 divorced Widowed
6. (b) Name of husband or wife Louis G. Schluer **6. (c) Age of husband or wife if** alive years
7. Birth date of deceased. December 15, 1875.
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 23 If less than one day
hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER

12. Name David Metz
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmine Hollmann
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Kleberger
(b) Address 6535 Clayton Ave.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Oct. 11, 1943.
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address OCT 11 1943 4828 Natural Bridge Blvd.

19. (a) J. F. Brudeck
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 6535 Clayton Ave. (If rural, give location) 94
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th,
year 1943 hour 6:30 minute P. M.
21. I hereby certify that I attended the deceased from March 12,
1943 to Oct 8, 1943
that I last saw her alive on Oct 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Diabetes
Arterio Sclerosis
Duration 4 years

Due to.....
Due to.....

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

Major findings: none
Of operations:.....
Of autopsy: none

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 Brace J. Monty (M. D. or other)
Address 4232 N. Flourissant St. **Date signed** 10/14/43

40329 N. Flaminio

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 John M. Linan

Licensed Embalmer No. 4186

P. O. Address St. Louis

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.