. S. No. 2
OM—8-43
v. 5-17-39
P I X37823

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

#36108

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36379

Registrar's No. 10162

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. 0
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 85 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ond

(c) City or town St, Louis 1726
(If outside city or town limits, write "RURAL")

(d) Street No. 1421 Monroe St. 1
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Theodore Schlottman

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex 0 male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Schlottman

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July (Month) 5th. (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	4	21	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation retired

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs/ Anna Schlottman
(b) Address 1421 Monroe St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30th. 44 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Av.

19. (a) NOV 29 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th year 1944 hour 5:20 minute A. M.

21. I hereby certify that I attended the deceased from 11/22/44, 19__, to 11/26/44, 19__; that I last saw him alive on 11/26/44, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure.

Due to Uremia

Due to Ca. of prostate with acute + chronic urinary retention

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 51

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Lafayette (M.D. or other)

Address 1515 Lafayette Date signed 11/27/44

(Licensed Embalmer's Statement on Reverse Side)

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 P. Buchholz

Licensed Embalmer No. 1672

P. O. Address 2223 St. Louis Ave

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.