. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22171

FILED JUL 3 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5154

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:
3941 Sherman Place /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 10 11
(If outside city or town limits, write "RURAL")

(d) Street No. 3941 Sherman Pl.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 90

If yes, name country

3. (a) PRINT FULL NAME Lulu Ida Schlottmann

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 Married /

6. (b) Name of husband or wife Frank F.W. Schlottmann

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased April 7, 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Smithton (City, town, or county) Ills. / (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Frederick Pfeiffer
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Theresa Hausmann
15. Birthplace Unknown (City, town, or county) Unknown 0 (State or foreign country)

16. (a) Informant Frank F.W. Schlottmann /
(b) Address 3941 Sherman Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/46 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUN 10 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7, year 1946 hour 1:30 AM minute 6 M.

21. I hereby certify that I attended the deceased from 1.1.46, 19 to 6.7.46, 19; that I last saw her alive on 6-1-46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration

Due to Ask Know — OK

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Walter H Spoeneman M.D. (M.D. or other)

Address 1506 St Louis Date signed 6.7.46

(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 Gustav W. Dietrich

Licensed Embalmer No. 4329

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.