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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35579

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8678

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: LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOUR (b) County ST LOUIS

(c) City or town FOREST VIEW
(If outside city or town limits, write "RURAL")

(d) Street No. 675 MERMACK STA RD
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM B. SCHLUETER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased MARCH (Month) 16 (Day) 1872 (Year)

8. AGE: Years 74 Months 6 Days 22 If less than one day hr. min.

9. Birthplace — (City, town, or county) DENMARK 4 (State or foreign country)

10. Usual occupation PHOTOGRAPHER

11. Industry or business —

FATHER
12. Name BERNHARDT SCHLUETER
13. Birthplace (City, town, or county) DENMARK 4 (State or foreign country)

MOTHER
14. Maiden name OLIVIA SCHARFF
15. Birthplace (City, town, or county) DENMARK 4 (State or foreign country)

16. (a) Informant MASS VERA SCHLUETER
(b) Address VALLEY PARK, MO

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 10-11-1946 (Month) (Day) (Year)
(c) Place: burial or cremation VANALLA CREMATORY

18. (a) Signature of funeral director SCHRADER FUNERAL HOME
(b) Address BALLWIN, MO.

19. (a) OCT 9 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 8th year 1946 hour 9 minute 55 a M.

21. I hereby certify that I attended the deceased from 9-19-46 ~~10-8-4~~, 19, to 10-8-46, 19; that I last saw him alive on 10-8-46, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	6 mo
General Arteriosclerosis	1 yr.
Due to: Chronic Nephritis	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature [signature] (M. D. or other) M.D.

Address 3651 Grandel Square Date signed 10/9/46

(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: Rex E. Campbell

Licensed Embalmer No. 3881

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.