S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1947

Registration District No. 318

Primary Registration District No. 1003

State File No. 32981

Registrar's No. 8935

WRITE PLAINLY—USING 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: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4264 Lee Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna Schlueter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Fred Schlueter

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

7. Birth date of deceased September 21, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	0	1	hr. min.

9. Birthplace Dorsey, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Housework

FATHER
12. Name John Penning
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Bruns
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Marie G. Schlueter
(b) Address 4264 Lee Ave.

17. (a) Burial (b) Date thereof 9/25/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.

19. (a) SEP 25 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22
year 1947 hour 11:10 minute A. M.

21. I hereby certify that I attended the deceased from ..., 1945, to Sep. 22, 1947, that I last saw her alive on Sep. 21, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bilateral Polycystic Kidneys	
Due to: Possibly fatal	
Due to:	
Other conditions: Mitral stenosis (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations

Of autopsy: Only above conditions

PHYSICIAN

Underline the cause of 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 H. H. Helbing (M. D. or other) M.D.

Address 3903 Olive Date signed 9/20/47

Jefferson City Printing Co. (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 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.