

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3226**
Registrar's No. **1025**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1025			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 8037 Frederick St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME 8037 FREDERICK ST.				d. STREET ADDRESS 8037 Frederick St.					
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) F. c. (Last) SCHLUETER JR			4. DATE OF DEATH (Month) (Day) (Year) JAN. 30 1949						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Oct 25 1907			
9. AGE (In years last birthday) 46		10. IF UNDER 1 YEAR Days 3		11. IF UNDER 1 HRS. Hours 5 Min. _____		12. CITIZEN OF WHAT COUNTRY? _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bread Smover		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Ferguson Mo		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME EDWARD F. SCHLUETER			13b. MOTHER'S MAIDEN NAME EMMA MILLER		14. NAME OF HUSBAND OR WIFE LILLIAN SCHLUETER				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Lillian Schlueter ADDRESS 8037 Frederick St.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis				Diabetes mellitus				5	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) not known				DUE TO (c) _____				3	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. apolexy 1947				_____				_____	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION none						20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from July 10, 1944 , to Jan 30, 1949 , that I last saw the deceased alive on Jan 29, 1949 , and that death occurred at 1:45 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H. F. Miller M.D.				23b. ADDRESS 9410 N Broadway		23c. DATE SIGNED 2-1-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb. 3-1949		24c. NAME OF CEMETERY OR CREMATORY VALHALLA CHAPEL		24d. LOCATION (City, town, or county) (State) St. Charles PA St. Louis Co			
DATE REC'D BY LOCAL REG. FEB 2 1949		REGISTRAR'S SIGNATURE J. B. Lancaster		25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Stamer ADDRESS 8319 Hall's Ferry					

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 4077

P. O. Address _____

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.