

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25259

State File No.

6822

318

1003

Registrar's No.

No. 300
10-48

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Ferguson</u>		<u>96</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>N.R. - 10 So. Dellwood Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>C.</u> c. (Last) <u>Schlueter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4, 1949.</u>						
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 3, 1874</u>			
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>		11. BIRTHPLACE (State or foreign country) <u>Ferguson, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Christ Behle</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bangert</u>			14. NAME OF HUSBAND OR WIFE <u>William H. Schlueter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>----</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marie Thies, Ferguson, Missouri.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Myocardium</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (b) <u>Infarction of Myocardium</u>				<u>10 days ?</u>	
				DUE TO (c) <u>Generalized Arteriosclerosis</u>				<u>20 years</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				<u>Diabetes Mellitus</u>				<u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>97</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Heart Attack</u>					
22. I hereby certify that I attended the deceased from <u>July 25, 1949</u> to <u>Aug. 4, 1949</u> that I last saw the deceased alive on <u>Aug. 4, 1949</u> , and that death occurred at <u>2:40 PM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Clarence E. Mueller M. D.</u>				23b. ADDRESS <u>634 N. Grand Blvd.</u>		23c. DATE SIGNED <u>8-5-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>AUG 5 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Larater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ferguson, Mo.</u>					

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Berkeley, Cal.

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.