

No. 300
(10-48)

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35583

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 2611

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood 4544	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2623 Lyle Ave.		d. STREET ADDRESS (If rural, give location) 2623 Lyle Ave. 6	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) ELIZABETH	b. (Middle)	c. (Last) SCHLUETER	(Month) Oct.	(Day) 27,	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 11-30-1853	9. AGE (In years to birthday) 96	IF UNDER 1 YEAR: Months 10 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Newark, N. J.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John D. Keller	13b. MOTHER'S MAIDEN NAME Elizabeth Gaylor	14. NAME OF HUSBAND OR WIFE Henry Detleef Schlueter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosa C. Sterk, above

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		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Influenza		
	ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Hepatitis & Myocarditis 9 da			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 482 X
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22. I hereby certify that I attended the deceased from **Sept. 12, 1950**, to **Oct 17, 1950**, that I last saw the deceased alive on **Oct 26, 1950**, and that death occurred at **4:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Remann M.D. (Degree or title)	23b. ADDRESS 2901 Bix Bend Pl.	23c. DATE SIGNED 10/17/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-30-50	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. 10-30-50	REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith, Maplewood 17, Mo.
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RWB (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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J.P. Burgess

Signed.....
Student Embalmer

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.