

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39450

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2765</u>			
1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY OR TOWN <u>Jennings</u>		c. LENGTH OF STAY (in this place) <u>14 Years</u>		c. CITY OR TOWN <u>Jennings</u>		4130			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2419 Akins Drive</u>				d. STREET ADDRESS (If rural, give location) <u>2419 Akins Drive</u>					
3. NAME OF DECEASED (Type or Print) <u>Edna</u>			a. (First)		b. (Middle)		c. (Last) <u>Schlueter</u>		
4. DATE OF DEATH <u>Nov. 16th, 1950</u>		(Month) (Day) (Year)							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u>		8. DATE OF BIRTH <u>March 11th, 1887</u>		9. AGE (In years, last birthday) <u>63</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William Broeker</u>			13b. MOTHER'S MAIDEN NAME <u>Mina Bloebaur</u>			14. NAME OF HUSBAND OR WIFE <u>Otto Schlueter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		(If yes, give war or date of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Otto Schlueter, 2419 Akins Dr., Jennings, Mo.</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>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of rectum</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1544</u>						INTERVAL BETWEEN ONSET AND DEATH <u>About 18 Mos</u> <u>1544</u>	
19a. DATE OF OPERATION <u>9/7/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum &amp; metastases - generalized</u>						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)		21d. (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>5-22-5</u> , 19 <u>50</u> , to <u>11/16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10/31</u> , 19 <u>50</u> , and that death occurred at <u>3:00 A.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>			23b. ADDRESS <u>508 N. Grand</u>			23c. DATE SIGNED <u>11/16/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>11/17/50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>				

not being

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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.....  
Student Embalmer

Signed..... Ralph C. Linder

Licensed Embalmer No. 4275

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.