

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 18 1951 STANDARD CERTIFICATE OF DEATH

State File No. 23541

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 502

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Memorial Hospital		d. STREET ADDRESS (If rural, give location) 328 Taylor Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Anton	b. (Middle)	c. (Last) Schlueter	4. DATE OF DEATH (Month) (Day) (Year)
				July 2 1951

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 13, 1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
-----------------	---------------------------	---	---------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germantown, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	---	---

13a. FATHER'S NAME Herman Schlueter	13b. MOTHER'S MAIDEN NAME Catherine Riegeimier	14. NAME OF HUSBAND OR WIFE Mary J. Schlueter
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Mrs. Josephine Tucker,	ADDRESS Robertsville, Mo.
--	---	---	----------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic nephritis		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (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 **6/30, 1951** to **7/2, 1951**, that I last saw the deceased alive on **7/2, 1951**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James P. Hope, M.D.	23b. ADDRESS Lebanon, Mo.	23c. DATE SIGNED 7/5/51.
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/4/51	24c. NAME OF CEMETERY OR CREMATORY Catholic Cem.	24d. LOCATION (City, town, or county) (State) Lebanon, Mo.
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. 7-6-1951	REGISTRAR'S SIGNATURE Hella L. Mayo	25. FUNERAL DIRECTOR'S SIGNATURE Palmer Lebanon Mo.	ADDRESS
--	--	--	---------

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

0532
0

1580

0

592x

424

MAK 24 1952

JUL 14 1951

Received -----
Laclede County Health Unit

File No. -----
7-51-96

Date Filed -----
JUL 16 1951

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 Stanleigh R. Palmog

Licensed Embalmer No. 4810

P. O. Address Lebanon 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.