

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**FILED** JAN 16 1952

State File No. **43311**  
Registrar's No. **11504**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2249</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>3014 Lemp Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rudolph</b> b. (Middle) c. (Last) <b>SchlotTMANN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 26, 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Apr. 6, 1893</b>
9. AGE (In years last birthday) <b>58</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Furniture Finisher</b>	11. BIRTHPLACE (State or foreign country) <b>ST. Louis, Mo.</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William SchlotTMANN</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Heim</b>	14. NAME OF HUSBAND OR WIFE <b>Ida SchlotTMANN</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-05-2072</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Milton SchlotTMANN 3252 Rex Ave.</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Stomach</b>  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.	
19a. DATE OF OPERATION <b>12-13-51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cancer of Stomach</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>132X</b>			
22. I hereby certify that I attended the deceased from <b>12-4</b> , 19 <b>51</b> , to <b>12-26</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>12-25</b> , 19 <b>51</b> , and that death occurred at <b>4:00</b> A. M., from the causes and on the date stated above.			
23a. SIGNATURE <b>A. Bergmann</b> (Degree or title)		23b. ADDRESS <b>3207 1/2 Genl. SchlotTMANN</b>	
23c. DATE SIGNED <b>12-26-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-28-51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus</b>		24d. LOCATION (City, town, or county) (State) <b>ST. Louis County</b>	
DATE REC'D BY LOCAL REG. <b>DEC 27 1951</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Will Buss. L. &amp; H. Co. 2929 S. Jefferson</b>			

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

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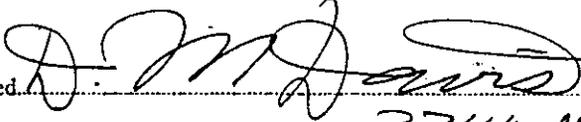
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed  .....

Licensed Embalmer No. 3741 .....

P. O. Address 2929 Do Jefferson .....

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.