

FILED APR 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12279
State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3327**

1. PLACE OF DEATH
a. COUNTY **ST. LOUIS MO**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS MO**
c. LENGTH OF STAY (In this place) **4 DAYS**
d. FULL NAME OF HOSPITAL OR INSTITUTION **LUTHERAN HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MO** b. COUNTY **JEFFERSON**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RURAL JOACHIM TOWNSHIP**
d. STREET ADDRESS (If rural, give location) **NEAR PEVELY MO 0500**

3. NAME OF DECEASED (Type or Print)
a. (First) **HENRY** b. (Middle) **W.** c. (Last) **SCHLUETER**

4. DATE OF DEATH (Month) (Day) (Year)
MAR 26. 1953

5. SEX **M.**

6. COLOR OR RACE **W.**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED**

8. DATE OF BIRTH **FEB 5, 1885**

9. AGE (In years last birthday) **68**

IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **FARMING**

10b. KIND OF BUSINESS OR INDUSTRY **FARMING**

11. BIRTHPLACE (State or foreign country) **ANTONIA MO**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **WILLIAM SCHLUETER**

13b. MOTHER'S MAIDEN NAME **MARY SCHWAER**

14. NAME OF HUSBAND OR WIFE **DECEASED EMMA SCHRAER**

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 **A. SCHLUETER PEVELY 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Infarction**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Arterio sclerosis heart disease**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 hr 40 min
4 1/4

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **Mar 22**, 19 **53**, to **Mar 26**, 19 **53** that I last saw the deceased alive on **Mar 26**, 19 **53**, and that death occurred at **3:02 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Edward W. G. Schmitt, D.O.**

23b. ADDRESS **3701 Brande byane**

23c. DATE SIGNED **3/27/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **MAR. 29 53**

24c. NAME OF CEMETERY OR CREMATORY **BURGESS Cem.**

24d. LOCATION (City, town, or county) (State) **ANTONIA MO.**

DATE REC'D BY LOCAL **MAR 30 1953**

REGISTRAR'S SIGNATURE **J. Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **W. HEILIGTAG FUNERAL HOME IMPERIAL, MO**

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Arthur W. Heiligtag

Licensed Embalmer No.

3874

P. O. Address

Imperial 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.