S. No. 300
v. 10.48

FILED JUL 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23518

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1767

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Manchester, Mo.
c. LENGTH OF STAY (in this place) 2yers
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Manchester Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Affton 4830
d. STREET ADDRESS (If rural, give location) 10055 Lakeshire Dr.

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

4. DATE OF DEATH (Month) (Day) (Year) JUNE 23, 1953

5. SEX F
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 1/6/ 1868
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None Housewife
10b. KIND OF BUSINESS OR INDUSTRY None At Home
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Casper Spengemann
13b. MOTHER'S MAIDEN NAME Elizabeth Von Hoffmann
14. NAME OF HUSBAND OR WIFE Geo. Schlueter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME A.E.Schlueter ADDRESS 3450a Watson

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF UTERUS

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. CHRONIC MYOCARDITIS

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 174X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN. 21, 1953, *to* JUNE 23, 1953, *that I last saw the deceased alive on* JUNE 23 1953, *and that death occurred at* 9:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) B. R. Loring, M.D.
23b. ADDRESS BALLWIN, MO.
23c. DATE SIGNED 6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/26/ 53
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
24d. LOCATION (City, town, or county) (State) Affton 23, Mo

DATE REC'D BY LOCAL REG. 6-25-53
REGISTRAR'S SIGNATURE Herbert R. Darnell
25. FUNERAL DIRECTOR'S SIGNATURE Southern Fun Home ADDRESS 6322 S. Grand

(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 .....

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

working under my personal supervision.

Student .....
Student Embalmer

Signed David Van Fassen

Licensed Embalmer No. 4342

P. O. Address 6327 So. Grand

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.