

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

10706

State File No.

BIRTH FILED APR 7 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 255

1. PLACE OF DEATH a. COUNTY <u>St. 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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park</u>		c. CITY OR TOWN <u>Webster Groves</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Holl Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>646 Sherwood Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emil</u> b. (Middle) <u>Henry</u> c. (Last) <u>Schluer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 24, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Leschen Wire Rope</u>		8. DATE OF BIRTH <u>Aug. 30, 1877</u>	
11a. FATHER'S NAME <u>Gottlieb Dietrich Schluer</u>			11b. MOTHER'S MAIDEN NAME <u>Anna Marie Niemann</u>		11c. NAME OF HUSBAND OR WIFE <u>Amelia Pfingsten Schluer</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>		9. AGE (In years last birthday) <u>76</u>		10. DATE OF BIRTH <u>Aug. 30, 1877</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-01-6929</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elmer P. Schluer R#1 Bx322 Clayton 24, Mo</u>	
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac dilatation</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocarditis</u> <u>Generalized arteriosclerosis</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4228</u>	

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		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 6-1, 1948, to 3-24, 1954, that I last saw the deceased alive on 3/23, 1954, and that death occurred at 5:40P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. St. A. Schlieper, M.D.</u>		23b. ADDRESS <u>Kirkwood, Mo</u>		23c. DATE SIGNED <u>3/25/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mittelberg Funeral Home, Inc. 73 W. LOCKWOOD AVE WEBSTER GROVES, MO.</u>			

DATE REC'D BY LOCAL REG. <u>3/25/54</u>		REGISTRAR'S SIGNATURE <u>Richard B. Namba, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mittelberg Funeral Home, Inc. 73 W. LOCKWOOD AVE WEBSTER GROVES, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

~~12361 8 6 84~~

12361 8 6 84

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.....
Signature of Student Embalmer

Signed *John J. Harris*
Licensed Embalmer No. *410*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.