

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 26 1956

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State File No. 14842

Registrar's No. 3480

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ST. LOUIS, MISSOURI</u>)		c. LENGTH OF STAY (In this place) <u>3 Days</u>		c. CITY OR TOWN <u>St. Louis</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL #1.</u>				e. STREET ADDRESS (If rural, give location) <u>26 3239 North 20th, Street 22690</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) _____ c. (Last) <u>SCHLUETER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 5, 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>3</u> WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>June 17th, 1886</u>	
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Park. Dept. Employee</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Schlueter</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Wibbing</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>W. W. # 1</u>		16. SOCIAL SECURITY # <u>495-12-7218</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Olinda Raftery 3239 N. 20th Street</u>			
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) <u>Unknown</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerotic heart dis - fibrillation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Recovering from bronchopneumonia</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>				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) _____	
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 <u>3-8</u> <u>1956</u> , <u>4-5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-5</u> , 19 <u>56</u> , and that death occurred at <u>11:50</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William N. Blalock M.D.</u>				23b. ADDRESS <u>1515 LAFAYETTE AVE</u>		23c. DATE SIGNED <u>4-5-56.</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr. 9th-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>APR 7 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leidner Und. Co., 2223 St. Louis Ave.</u>			

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

NOV 12 1963

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, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clara R. Jodwell*.....

Licensed Embalmer No. *407*.....

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.