

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25819

State File No.

FILED AUG 10 1956

BIRTH NO. _____		REG. DIST. NO. 362		PRIMARY REG. DIST. NO. 4531		Registrar's No. 51		
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Charles				
b. CITY (If outside corporate limits, write RURAL and give township) Warrenton		c. LENGTH OF STAY (in this place) 2 yrs		c. CITY OR TOWN Wentzville, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial Home				No. STREET ADDRESS (If rural, give location) 09201				
3. NAME OF DECEASED (Type or Print) Ernst Schlüeter			a. (First) Ernst		b. (Middle)		c. (Last) Schlüeter	
4. DATE OF DEATH 7-31-56		(Month) (Day) (Year)		5. SEX M		6. COLOR OR RACE W.		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 6-1-1884		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR: Months _____ Days _____		
IF UNDER 1 YEAR: 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 Farmer		11. BIRTHPLACE (City and State or Foreign Country) Josephville, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Casper Schluster		13b. MOTHER'S MAIDEN NAME Gertrude Berghoff		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Louis Schlüeter, Flint Hill, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (lobular hypoxemia)				INTERVAL BETWEEN ONSET AND DEATH 7 days		
		ANTECEDENT CAUSES DUE TO (b) Coronary occlusion				2 week		
		DUE TO (c) Arteriosclerosis heart failure				rule		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Vascular accident				old		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 7-31-56 , to 7-31-56 , that I last saw the deceased alive on 7-30-56 , and that death occurred at 8:30 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) David D. Roberts M.D.				23b. ADDRESS Wentzville Mo.		23c. DATE SIGNED 8-2-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 3, 1956		24c. NAME OF CEMETERY OR CREMATORY St. Theodores Cemetery		24d. LOCATION (City, town, or county) (State) Flint Hill, Mo		
DATE REC'D BY LOCAL REG. Aug 2 1956		REGISTRAR'S SIGNATURE Floyd Logan		25. FUNERAL DIRECTOR'S SIGNATURE Tarleton J. Patterson		ADDRESS Wentzville 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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Carlton J. Pitman*.....

Licensed Embalmer No. *4974*.....

P. O. Address *Kenilworth*.....

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.