

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44248

STATE FILE NUMBER

FILED DEC 20 1956

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 2886

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jennings		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Flint Hill		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5608 Jennings Rd.		Length of stay in lb 4 mo.	d. STREET ADDRESS (If outside, give location) Local		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Josephine Middle Last Schlueter			4. DATE OF DEATH Month Dec. Day 5, Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 6, 1887		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Flint Hill, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Casper Schlueter			14. MOTHER'S MAIDEN NAME Gertrude Berghoff		
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 Address Christine Schlueter, 5608 Jennings Rd.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic Heart Disease to mitral Stenosis & Heart Failure DUE TO (b) DUE TO (c) Pneumonia & Effusion (pleural) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 410 X					INTERVAL BETWEEN ONSET AND DEATH 62 yrs 1 mo. 3 1/2 mo.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 13 Aug 56 to 5 Dec 56 and last saw ^{her} alive on 3 Dec 56 Death occurred at 5:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Eugene W. Hall, M.D.		22b. ADDRESS 1169 So 7th Missouri Rd		22c. DATE SIGNED 5 Dec 56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-5-56	23c. NAME OF CEMETERY OR CREMATORY St. Theodore		23d. LOCATION (City, town, or county) (State) Flint Hill, Mo.
24. FUNERAL DIRECTOR ADDRESS T.E. Pitman, Wentzville, Mo.			25. DATE RECD. BY LOCAL REG. 12-6-56		26. REGISTRAR'S SIGNATURE Herbert B. Romberg

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. The symptoms with which diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *J. W. B. [Signature]*

Licensed Embalmer No. *360*

P. O. Address *[Signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.