

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003476

STATE FILE NUMBER

FILED FEB 3 1959

Registration District No.

Primary Registration District No.

Registration No.

548

300

57

00

55

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>907 Bates</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>907 Bates</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Gottfried</b> Middle <b>Schlotterbeck</b> Last			4. DATE OF DEATH Month <b>Jan.</b> Day <b>15</b> Year <b>1959</b>
5. SEX <b>Male</b> <input type="radio"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 13, 1882</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker Ret.</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>A.P. Bakery</b>	9. AGE (In years last birthday) <b>77</b> IF UNDER 1 YEAR Months <b>2</b> Days <b>2</b> Hours <b>0</b> Min.
10a. FATHER'S NAME <b>George Schlotterbeck</b>		10b. MOTHER'S MAIDEN NAME <b>Lena Ankerman</b>	11. BIRTHPLACE (City and state or country) <b>Germany</b>
13a. FATHER'S NAME <b>George Schlotterbeck</b>		14. NAME OF HUSBAND OR WIFE <b>Clara</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-01-5210</b>	17. INFORMANT <b>Clara Schlotterbeck</b> Address <b>907 Bates</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>old age 420.1</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <b>X</b>		
20c. TIME OF INJURY Hour <b>X</b> Month <b>?</b> Day <b>?</b> Year <b>?</b> a.m. <b>?</b> p.m. <b>?</b>	20d. INJURY OCCURRED WHILE AT <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.) <b>X</b>	20f. CITY, TOWN, OR LOCATION <b>?</b>	COUNTY <b>?</b>	STATE <b>?</b>
21. I attended the deceased from <b>Jan 1 - 31 - 59</b> to <b>June 14 - 59</b> and last saw her alive on <b>June 14 - 59</b> Death occurred at <b>4:00 A.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. S. Fyne M.D.</b>		22b. ADDRESS <b>2752 9th</b>	22c. DATE SIGNED <b>1-15-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 17, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
24. FUNERAL DIRECTOR <b>Schumacher's 3013 Meramec St.</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 16 '59</b>	26. REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b> S.P.

D. R. Pyle  
California - Cherokee  
1.2.0244 1:30

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 *Jack Hunt* .....  
Licensed Embalmer No. *4746* .....  
P. O. Address *Stone* .....

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.