

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015679

STATE FILE NUMBER

2 4116

X
FILED MAY 15 1959

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN GLASGOW VILLAGE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8100 BLOCK OF HALLS ST				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 10330 ROSS CIRCLE	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES J SCHLUETER				4. DATE OF DEATH Month Day Year APRIL 25 1959			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH AUG 31 1925	
9. AGE (In years last birthday) 33		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHEET METAL WORKER FOOD EQUIPMENT CORP				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U - S - A							
13. FATHER'S NAME GEORGE J SCHLUETER				14. MOTHER'S MAIDEN NAME CECILIA CORDES			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR 2		16. SOCIAL SECURITY NO. 494-24-5041		17. INFORMANT Address GEORGE J SCHLUETER 4805 AUSTRIA			
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic Rupture of Liver Multiple Fractures Contusions and Lacerations Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II / OTHER SIGNIFICANT CONDITIONS (Enter only those which are NOT RELATED TO AND FORMING THE CAUSE OF DEATH GIVEN IN PART I (a)) supported in collision between car operated by deceased and car operated by one front of about 8500 Hall Street about 9:15 am., April 25, 1959.						INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) 35 N. 1st St					
20c. TIME OF INJURY Hour a. m. Month, Day, Year 2:15 4 25 59		20d. PLACE OF INJURY (City, town, or county) STATE St Louis Mo					
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 240A on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deedee or title) Patrick Taylor Casner				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 4-27-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE APR 29 1959		23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.		23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO	
24. FUNERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravois				25. DATE RECD. BY LOCAL REG. APR 27 '59		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *James E. Hill* _____

Licensed Embalmer No. _____

P. O. Address *2906* _____

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.