

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# 59-027160

## FILED JUL 17 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's **2 6343** STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY _____			<b>2. USUAL RESIDENCE</b> (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>		Length of stay in 1b <b>8 days</b>	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>Jewish Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5611 Goethe</b>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>William</b> Middle <b>G</b> Last <b>Schlueter</b>			<b>4. DATE OF DEATH</b> Month <b>July</b> Day <b>3</b> Year <b>1959</b>		
<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Dec. 3 1905</b>	<b>9. AGE (last birthday)</b> <b>53</b>	IF UNDER 1 YEAR Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Cost analyst</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>St Louis Air Procurement</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>St Louis Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>
<b>13a. FATHER'S NAME</b> <b>William J Schlueter</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Louise Schulz</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Myrtle Schlueter</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown)   (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> Address <b>Myrtle Schlueter      5611 Goethe</b>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarct</b> DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b> <b>? year</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Old myocardial Infarct</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____      Month, Day, Year _____ a.m. _____      p.m. _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ <b>NOT WHILE AT WORK</b> <input type="checkbox"/>			
<b>21. I attended the deceased from</b> <b>5-7-59</b> to <b>7-3-59</b> and last saw him alive on <b>7-3-59</b> Death occurred at <b>8:20</b> A <b>m</b> on the date stated above, and to the best of my knowledge, from the causes stated.		<b>22a. SIGNATURE</b> (Degree or title) <b>Albert Kaplan M.D.</b>			
<b>22b. ADDRESS</b> <b>607 N. Grand</b>		<b>22c. DATE SIGNED</b> <b>7-6-59</b>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>		<b>23b. DATE</b> <b>7/6/59</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>St Paul Churchyard</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>St Louis County Mo.</b>
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>John L Ziegenhein &amp; Sons 7027 Gravois</b>			<b>25. DATE RECD. BY LOCAL REG.</b> REGISTRAR'S SIGNATURE <b>JUL 6 '59</b> <b>Earl Smith, M.D.</b>		

DED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

-m8B

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald E. Beitz  
Licensed Embalmer No. 4863

: P. O. Address 7027

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