WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 2692

Registered No. 387

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1103

City St Louis (No. St Anthony's Hosp. St. ..... Ward)

2. FULL NAME Dorothy A. Schelhammer

(a) Residence, No. 4655 Delor St. St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22, 1906

7. AGE: Years 25 | Months 10 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. d'Arcy advertising

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Wm. Schelhammer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER

15. MAIDEN NAME Anna Stuempfle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT Wm. Schelhammer
(ADDRESS) 4655 Delor St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial DATE 1-14 1932

19. UNDERTAKER Kriegshauser
(ADDRESS) 4228 N. So. Broadway

20. FILED JAN 12 1932 Wm. C. Nagel Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1931, to Jan 11, 1932, that I last saw her alive on Jan 11, 1932. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Fever Syndrome Chronic	June 1931
115 Dr. 5 TR 115 C	
Other contributory causes of importance:	
Acute Follicular Tonsilitis non Diphtheritic	10 days

Name of operation — Date of —

What test confirmed diagnosis? Physical Clinic Was there an autopsy? no

Was there a post-mortem examination? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) A. L. Hertel, M. D.
(Address) 368 S. Grand Blvd.

V. S. No. 2.