

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

Do not use this space.

1. PLACE OF DEATH

County Harrison
Township Union
City Union

Registration District No. 1160
Primary Registration District No. 4470
No. 7136 Linell St

File No. 27796
Registered No. 73
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 7136 Linell St. St. _____ 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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pauline Scheller</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 21 - 1867</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>66</u> | <u>7</u> |
| | | DAYS |
| | | <u>15</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | If LESS than 1 day, hrs. or min. |
| <u>Photography</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation |
| | | |

| | |
|---|---|
| MOTHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |
| | 13. NAME <u>William Scheller</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |
| | 15. MAIDEN NAME <u>Louise Lay</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u> |
| | 17. INFORMANT (ADDRESS) <u>Mrs. E. O. Miller</u> <u>7136 Linell St</u> |
| FATHER | 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walsh's Crematory</u> <u>July 9, 1934</u> |
| | 19. UNDERTAKER (ADDRESS) <u>Arno J. Udo</u> <u>2707 N. Grand St</u> |
| 20. FILED <u>July 9, 1934</u> <u>Linell St</u> Registrar. | |

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1934

22. I HEREBY CERTIFY that I attended deceased from June 27, 1934 to July 6, 1934

I last saw him alive on July 6, 1934 Death is said to have occurred on the date stated above, at 6:57 m.

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

Acute Cardiac Dilatation
Chronic myocarditis

Date of onset 6/27/34

Other contributory causes of importance:
Chronic interstitial nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? 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) M. G. Krenning M. D.
(Address) 4548 Harb's St

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.

AUG 17 1934

OCCUPATION
MOTHER
FATHER

7136

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