

APR 9 1935

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

Do not use this space.

11123

1. PLACE OF DEATH

County _____
Township _____
City _____

Registration District No. **791**
Primary Registration District No. **1003**
No. **5417** Idaho Ave. **15** Ward

File No. _____
Registered No. **2754**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **5417 Idaho Ave.** **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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 9-1853**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 5 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Worker**

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.**

13. NAME **John Scheller**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Catherine Sterger**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Uppermer**

17. INFORMANT (ADDRESS) **Anna Scheller 5417 Idaho Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **New St. Marcus Mar 26 1935**

19. UNDERTAKER (ADDRESS) **Wacker - Guldere 2331 Broadway**

20. FILED **MAR 25 1935 J. Bredek 395 Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 23 1935**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at **11:15** a.m.

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

Chronic Myocarditis Arteriosclerosis - Chronic Intestinal Tuberculosis - Coronary Arteriosclerosis

Other contributory causes of importance **12461**

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **Yes**

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?

If so, specify _____

(Signed) **Herbert H. Kling**, M. D.

(Address) _____

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.

