

DEC 3 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1008  
City Saint Louis, Missouri (No. 3536 Indiana Ave. St. Ward)

43148

File No.....  
Registered No. 11726  
St. Ward

## 2. FULL NAME Lorenz Scheller.

(a) Residence, No. 3536 Indiana Ave. St. 24 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## 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) January 30th, 1870.		
7. AGE YEARS 66	MONTHS 9	DAYS 25
IF LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brush Mfg.	
	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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri.		
FATHER	13. NAME John Scheller	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT Anna Scheller (ADDRESS) 3536 Indiana Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus Cem. DATE November 28, 1936		
19. UNDERTAKER Albert Ziegenheim (ADDRESS) 2523 Cherokee Street.		
20. FILED NOV 27 1936 J. A. Bredeck Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 25, th 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Nov 24, 1936. I last saw him alive on Nov 24, 1936. Death is said to have occurred on the date stated above, at 2:00 P.M. The principal cause of death and related causes of importance were as follows:  
Acute Myeloma  
Chronic Parenchymatous Nephritis

Other contributory causes of importance:  
Chronic Parenchymatous Nephritis

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) C. C. Emerson, M. D.  
(Address) 3970 Easton Ave

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.

