

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis** (No.)

Registration District No. **791**
Primary Registration District No. **1003**
Claridge Hotel

File No. **18092**
Registered No. **4668**
St. Ward)

2. FULL NAME **Jacob Schellhase**

(a) Residence, No. **5239 Oleatha** St., **14** 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 **Marie Schellhase**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 3 1879**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
57 6 2

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

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) **Illinois**

FATHER 13. NAME **John Schellhase**

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

MOTHER 15. MAIDEN NAME **Katherine Wagner**

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

17. INFORMANT **Marie Schellhase** (ADDRESS) **5239 Oleatha**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SunSet Park** DATE **May 8 1937**

19. UNDERTAKER **Thos Kuttis** (ADDRESS) **2906 Gravois Ave.**

20. R1A1 7 1937 **J. T. Bredeck** Registrar.

No Autopsy Performed
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 5 1937**
22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at **9:45 p.m.**
The principal cause of death and related causes of importance were as follows:
Aortic Regurgitation Date of onset
Cardiac Hypertrophy
Other contributory causes of importance:
Cholelithiasis 92a
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? **No**
If so, specify.....
(Signed) **Joseph M. Zimm**, M.D.
(Address) **Deputy Coroner**

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

7002 1-2-10-13

