

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

23797
Do not use this space.

791
1008

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... ST. LOUIS MO (d) Street No..... 5447 Thrush Av Registered No..... 6491
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 30 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5447 Thrush AVE St. 7 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>CARRIE SCHALLERT</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JUNE 11th 1882</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>1</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>GEN. LABOR.</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>W.R.A. SCHOOL DIV.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>JULY 12 1938</u>	11. Total time (years) spent in this occupation <u>2 YRS</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>	<u>6</u>	
FATHER	13. NAME <u>MARTIN SCHALLERT</u>	<u>6</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>	<u>6</u>
MOTHER	15. MAIDEN NAME <u>THERESA. SCHALLERT</u>	<u>6</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>	<u>6</u>
17. INFORMANT (ADDRESS) <u>Louis Schallert</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>GALVARY</u> DATE <u>JULY 22ND 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>BROCKLAND UND. CO</u> <u>1827 HOGAN STR.</u>		
20. FILED <u>JUL 21 1938</u> <u>J.F. Brudiek</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 19TH 1938

22. I HEREBY CERTIFY, that I attended deceased from April 1, 1938 to July 19, 1938
 I last saw him alive on July 18th, 1938. Death is said to have occurred on the date stated above, at 4:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset not known

Other contributory causes of importance:
X

Name of operation none Date of.....
 What test confirmed diagnosis? clinical 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.
X

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

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify..... (Signed) Roland A. Menovon, M. D.
 (Address) 5330 Geraldine

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

John B. Brockland

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

John B. Brockland

Licensed Embalmer No. *93*

P. O. Address *St Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.