

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

16862
 Do not use this space
 4396

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791
 (b) Township..... Primary Registration District No..... 1003
 (c) City..... St. Louis
 (d) Street No. 2314 Virginia Ave St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary K. Scheybal

(a) Residence, No. 2314 Virginia Ave St. 17
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Scheybal
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 4 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 74 6 5
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Missouri

FATHER 13. NAME John Broeckelman

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

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John Scheybal (ADDRESS) 2314 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter and Paul DATE May 12 1939

19. FUNERAL DIRECTOR (NAME) Peetz Brothers (ADDRESS) 3029 Lafayette Ave

20. FILED MAY 12 1939 J. F. Bredecker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to May 9, 1939. I last saw him alive on May 9, 1939. Death is said to have occurred on the date stated above at 10:17 P.M. The principal cause of death and related causes of importance were as follows:

*Senility,
 Senile Dementia
 Terminal hypostatic pneumonia
 Unspecified*

Date of onset ?

Other contributory causes of importance:

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) R. Berg, M. D.
 (Address) 2313 Webster

WRITE CAREFULLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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, or by.....

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

Signed.....
Francis J. Swann

Licensed Embalmer No. *7245*

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.