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.

REC'D JUN 1 - 1939

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

Do not use this space. 17129

Registration District No. 791

Primary Registration District No. 1003

Registered No. 4663

1. PLACE OF DEATH

(a) County

(b) Township

(c) City ST LOUIS (d) Street No. ST. ANTHONY HOSP. 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 H 7 MARY E. SCHELLING

(a) Residence, No. 7525 MICHIGAN AV. St. 1

(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): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 23 - 1868

7. AGE: YEARS 70 MONTHS 5 DAYS 27 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWORK

9. Industry or business in which work was done, as 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) ST LOUIS MO

FATHER

13. NAME JACOB SCHELLING.

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

MOTHER

15. MAIDEN NAME THERESA WIBBERMEYER

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

17. INFORMANT CAROLINE GROSSKETTLER. (ADDRESS) 2806 A. 59 A ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE MNT OLIVE CEM DATE MAY 24 1939

19. FUNERAL DIRECTOR (NAME) JOS. P. FENDLER JR (ADDRESS) 7128 MICHIGAN. AV.

20. FILED MAY 23 1939 J. D. Bredeck Local Registrar

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from MAY 1, 1939, to MAY 21, 1939

I last saw he alive on MAY 20, 1939. Death is said to have occurred on the date stated above, at 3 45 p m.

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

| | Date of onset |
|---|---|
| LYMPHATIC LEUKEMIA (ACUTE) | MAY 1 |

Other contributory causes of importance:

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.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Owen J. McConnell, M. D.

(Address) 7606 Michigan

Licensed Embalmer's Statement on Reverse Side)

## 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 Jas. P. Fendler Jr.

Licensed Embalmer No. 925

P. O. Address St Louis

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

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