

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26806

AUG 7 1939
Registration District No. 7100

Primary Registration District No. 200

Registrar's No. 1240

1. PLACE OF DEATH: 2

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
141 E. Velma
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 141 E. Velma
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Arthur Scheffler 146

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1939 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Ma 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 8, 1871
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 5 Days 1 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary occlusion

Due to _____

Due to 94%

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Tuck pointer

MOTHER FATHER { 12. Name Unknown Scheffler

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur Chealey Jr.

(b) Address 141 E. Velma

17. (a) Burial (b) Date thereof 7-12-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand

19. (a) JUL 10 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature John Howell (M. D. or other) _____

Address Coronet Salons Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.....

Firgil L. Berryman

Licensed Embalmer No.

4018

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.