DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34301

Registration District No. 791 1008

Primary Registration District No.

Registrar's No. 8839

1. PLACE OF DEATH: REC'D NOV 13 1939

(a) County

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

(c) Name of hospital or institution: 518 N. Newstead Ave.
(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 Missouri (b) County 1

(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")

(d) Street No. 518 N. Newstead Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Rudolph Schellhammer 45

3. (b) If veteran, name war

3. (c) Social Security No. NO

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Schellhammer

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Dec. (Month) 25 (Day) 1882 (Year)

8. AGE: Years 56 Months 9 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Mgr.

11. Industry or business Forest Park Highland Bar

FATHER
12. Name Dont Know
13. Birthplace Dont Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alice Shellhammer
(b) Address 518 N. Newstead

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 18 (Day) 39 (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Cullinane Bros
(b) Address 1710 N. Grand Blvd.

19. (a) OCT 17 1939 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1939 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from Oct. 8, 1939, to Oct 15, 1939; that I last saw him alive on Oct 15, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to Cerebral arteriosclerosis

Due to

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operation

Of autopsy none

Duration

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) NO
(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)
While at work? (e) Means of injury

23. Signature Joseph E. Carney (M. D. or other)
Address 525 Frisco Bldg Date signed 10-17-39

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 1 X19511

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.....Fred Frick.....

Licensed Embalmer No. 3186

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.