

S. No. 2  
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5-17-  
PI X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16464

State File No.

Registrar's No.

3941

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(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:  
ALEXIAN BROTHERS  
(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)

3. (a) PRINT FULL NAME JOSEPH B. SCHELLING 452

3. (b) If veteran, name war none 3. (c) Social Security No. 489-05-1452

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased OCT. 22 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 6 8 hr. min.

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation MACHINIST

11. Industry or business MEDART CO.

12. Name JACOB SCHELLING

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

14. Maiden name THERESA WIBBEN MEYER

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

16. (a) Informant Elizabeth Scelling

(b) Address 3909 So. 9th St.

17. (a) BURIAL (b) Date thereof MAY 3 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MNT OLIVE CEM.

18. (a) Signature of funeral director J. P. Fudler, Jr.

(b) Address 7128 Whiting Ave.

19. (a) MAY 2 1940 (b) Date received local registrar's certificate J. P. Fudler, Jr.  
(Date received local registrar's certificate) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS 24  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3809 So. 9th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 30  
year 1940 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 26  
1940, to April 30, 1940  
that I last saw him alive on 29, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis Duration 1 da.

Acute Lobar Pneumonia 5 da

Chronic Cirrhosis of Liver - yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1/18

Of autopsy

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? 8/11

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Robert A. Mulaich (M. D. or other) 1

Address 7405 Mich. Av. Date signed 5/1/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 Harry J. Schumacher  
Licensed Embalmer No. 2679  
P. O. Address 732 Emory

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.