DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16526

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4004

1. PLACE OF DEATH:

(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: 5211 A Murdock Ave, St. Louis Mo. 9 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 30 years 64 6

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: ____

(c) City or town: St. Louis 14 (If outside city or town limits, write "RURAL") 0

(d) Street No.: 5211 a Murdock Ave (If rural, give location)

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

3. (a) PRINT FULL NAME: BERTHA VIERHELLER

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: May (Month) 28 (Day) 1857 (Year)

8. AGE: Years 82 Months 10 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace: Belleville (City, town, or county) Ill (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: ____

MOTHER FATHER

12. Name: John Schellmann

13. Birthplace: Germany Belleville, Ill. (City, town, or county) (State or foreign country)

14. Maiden name: Aurelia Arnold

15. Birthplace: Belleville (City, town, or county) Ill (State or foreign country)

16. (a) Informant's own signature: Theodore Vierheller

(b) Address: 5211 A Murdock ave St. Louis Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: April 23, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Cemetery

18. (a) Signature of funeral director: Jos. R. Burk

(b) Address: Belleville Ill

19. (a) MAY 4 1940 (Date received local registrar) (b) J. F. Bredech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day april year 1940 hour ____ minute 9:30 A. M.

21. I hereby certify that I attended the deceased from March 2 - 1940 April 20 — 1940, to ____, 19__; that I last saw h 4 alive on April 20 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to: Senility	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings: ✓
Of operations: ____
Of autopsy: None

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): None

(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? None (Specify type of place)

While at work? ✓ (e) Means of injury: ✓

23. Signature: Rudolph G. Dix (M. D. or other)

Address: 1805 S. Broadway Date signed: 2/IV/40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19311

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.

4004

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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 JM

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St. Louis Ills.

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.