No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20149

Registration District No. 791

Primary Registration District No.

Registrar's No. 4961

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

20
7
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1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Firmin Desloge Hospital O
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4316 Ashland Ave. 910
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Margarett Schellert

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Peter

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

7. Birth date of deceased Aug. (Month) 17 (Day) 1887 (Year)

8. AGE: Years 53 Months 9 Days 28 If less than one day hr. min.

9. Birthplace Old Monroe (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Bada Kirchoff
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Clara Novotny
(b) Address 4316 Ashland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/41 (Month) (Day) (Year)
(c) Place: burial or cremation Old Monroe, Mo.

18. (a) Signature of funeral director T. E. Pitman
(b) Address Wentzville, Mo.

19. (a) JUN 16 1941 (Date received by local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1941 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from April 7, 1941, to June 14, 1941; that I last saw her alive on June 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Hypertensive Cardiovascular Disease	10 yrs
(2) Diabetes Mellitus	3 yrs
Due to	
Other conditions Left Hemiplegia (Include pregnancy within 3 months of death)	10 yrs

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

23. Signature C. Kleinschmidt (M. D. or other)
Address Firmin Desloge Hosp. Date signed 6-16-41

(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 Geo W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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, fact should be so stated above.