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. 9175

FILED APR 8 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2366

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

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: Lutheran Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Four Weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 15 17 9
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4367 Chippewa
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Schallom

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 Married

6. (b) Name of husband ~~or wife~~ George Schallom

6. (c) Age of husband ~~or wife~~ if alive 70 years

7. Birth date of deceased 12 (Month) 3 (Day) 1875 (Year)

8. AGE: Years 66 Months 3 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Fred Joedicke
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Margaret Bersche
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant George Schallom
(b) Address 4367 Chippewa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Boulevard

19. (a) MAR 16 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12 year 1942 hour 4:20 minute A. M.

21. I hereby certify that I attended the deceased from 2-11-42, 19, to 3-12-42, 19; that I last saw her alive on 3-11-42, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Rheumatic Endocarditis	2 mos.
Due to: Pulmonary Artery Embolism	1 wk
Due to: Left Femoral Vein Thrombosis	1 mo
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above	

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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)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MW
Address 3112 B Grand Date signed 3/14/42

(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 Jack K Lukens

Licensed Embalmer No. 410

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.