

S. No. 2  
M-2-43  
S-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1008

State File No. 12777  
Registrar's No. 3794

FILED MAY 3 1943 8 18

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 3534 Pennsylvania Ave  
(d) Length of stay: In hospital or institution None  
In this community Birth (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie Sheets  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced, widow  
6. (b) Name of husband or wife Nicholas Sheets  
6. (c) Age of husband or wife if alive ----- years  
7. Birth date of deceased December 17, 1872  
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 5  
If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business  
12. Name Otto Stelzleni  
13. Birthplace Alsace-Lorraine  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Held  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Elta Sheets  
(b) Address 3534 Pennsylvania  
17. (a) Burial (b) Date thereof 4/26/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Friedens Cemetery  
18. (a) Signature of funeral director Math Hermann & S on  
(b) Address 2161 East Fair Ave  
19. (a) APR 23 1943 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 13  
(d) Street No. 3534 Pennsylvania Ave (If outside city or town limits, write "RURAL.")  
(e) Citizen of foreign country? No (If rural, give location)  
If yes, name country No (Yes or No)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 22nd  
year 1943 hour 3:45 AM minute M.  
21. I hereby certify that I attended the deceased from Jan 8  
1942, to April 21 1943  
that I last saw her alive on April 21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Paraschymatous  
Lupus erythematosus  
Duration  
Due to 131  
Due to  
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy  
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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature A. A. Gelhardt (M. D. or other)  
Address 2434 Lafayette Date signed 4/22/43

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

**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 Francis A. Williamson

Licensed Embalmer No. 3565

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, fact should be so stated above.**