

V. S. No. 2
50M-5-42
Rev. 4-17-39
I X32873

30342

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8353

FILED SEP 28 1943

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Ferman Neologes
(d) Length of stay: In hospital or institution 3 weeks
In this community 3 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(d) Street No. 207 S Van Buren
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Scheltina, Louise
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 17 year 1943 hour 2:00 minute _____ M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Herbert Scheltina 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Jan 23 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/20/43 to 9/17/43 that I last saw her alive on Sept. 16, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 7 Days 25 If less than one day hr. _____ min. _____

Immediate cause of death Hypostatic pneumonia carcinoma of the rectum arteriosclerotic heart disease
Duration 6 days uncertain uncertain

9. Birthplace Austria (City, town, or county) (State or foreign country) 4

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) H/B

10. Usual occupation Housewife

Major findings: Of operations _____

11. Industry or business John Rusty

Of autopsy Confirmed diagnosis given above.
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? _____

12. Name John Rusty

13. Birthplace Austria (City, town, or county) (State or foreign country) 4

14. Maiden name rust

15. Birthplace rust (City, town, or county) (State or foreign country) 9

16. (a) Informant John Scheltina
(b) Address 207 S Van Buren

17. (a) Burial (b) Date thereof 9-20-1943
(c) Place: burial or cremation St. Peter's Cem

18. (a) Signature of funeral director Louis A. Boff Inc
(b) Address Kirkwood, Mo
19. (a) SEP 20 1943 (b) J. F. Beale
(Date received local registrar) (Registrar's signature)

23. Signature E. O. Brown (M. D. or other) MD
Address 325 S. Grand Blvd. Date signed 9/16/43

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

8358

8358

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 John M. Meyer
Licensed Embalmer No. 3288
P. O. Address Wickliffe, Ohio

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.