

FILED DEC 22 1943

40430

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10717**

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:  
**Missouri Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 days**  
(Specify whether  
In this community **Life**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5352 Hodiament Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Margie Elizabeth Schallert**

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 **Married**  
6. (b) Name of husband or wife **Conrad B. Schallert** 6. (c) Age of husband or wife if alive **45** years  
7. Birth date of deceased **November 19, 1900**  
(Month) (Day) (Year)

8. AGE: Years **43** Months **0** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Poplar Bluff, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Jesse Hedger**  
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)  
14. Maiden name **Luville Vinyard**  
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Conrad B. Schallert**  
(b) Address **5352 Hodiament Ave.**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 7, 1943.** (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Calvin F. Feutz Funeral Home**  
(b) Address **4828 Natural Bridge Blvd.**  
19. (a) **DEC 6 1943** (Data received local registrar) **J. F. Buddeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **4th**, year **1943** hour **4:45** minute **P.**  
21. I hereby certify that I attended the deceased from **7:52 AM** to **Dec. 4, 1943**, 19**43**, that I last saw her alive on **Dec. 4, 1943**, 19**43**, and that death occurred on the date and hour stated above.

Immediate cause of death **ures of central nervous system & status epilepticus**  
Due to **crisis of the bladder**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **Chlorical**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature **John P. Harris** (M. D. or other) \_\_\_\_\_  
Address **6390 Natural Bridge Blvd.** \_\_\_\_\_

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 John W. Minar  
Licensed Embalmer No. 4186  
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.**