

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20324

State File No.

FILED JUN 23 1944
Registration District No. 318

Primary Registration District No.

Registrar's No. 5378

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 0 (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Ernest Schallert
3. (b) If veteran, name war War #1
3. (c) Social Security No 498-01-5540

4. Sex male race white
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 10th 1894
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 2
If less than one day hr. min.

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

10. Usual occupation Scruggs Vandevroot

11. Industry or business

12. Name Unknown

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

14. Maiden name

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

16. (a) Informant Mrs. Mary Mikus

(b) Address 4311 Pleasant

17. (a) burial (b) Date thereof 6/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 2849 North Euclid Avenue

19. (a) JUN 1944 (b) J. Z. Pudek
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 219
(d) Street No. 1460 Hogan (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th
year 1944 hour 5 minute 55 AM

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration
Tuberculosis (active) compound
fracture left leg, whether the
result of natural causes or
the result of an accident about
2 days before death in which he
was struck by a hot pipe
Other condition - drops near Well Lake
Part of Charles and Naturopath
PHYSICIAN
Major findings: Bridge could not be
Of operation: Retained
Of autopsy: Retained
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) Open Bladed

(b) Date of occurrence N/A

(c) Where did injury occur? St. Charles (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

(e) While at work? no (Specify type of place) (f) Means of injury auto

23. Signature Thomas F. Callahan (M.D. or other)

Address Deputy Coroner Date signed 6/14/44

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

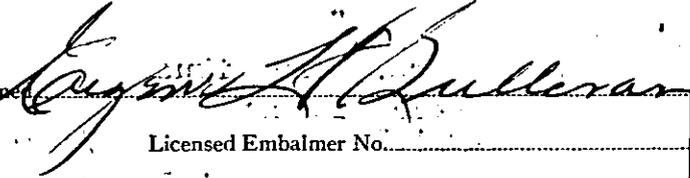
MOTHER FATHER

1944
844

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.

Signature 
Licensed Embalmer No.....

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.