

#51174
FILED DEC 21 1945
318

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 67 years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN SCHALLERT

3. (b) If veteran, name war None 3. (c) Social Security No. 498-10-7182

4. Sex Male 5. Color of race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Katherine 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 20 - 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 18 hr. min.

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

10. Usual occupation Packer

11. Industry or business _____

12. Name Frederick Schallert

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

14. Maiden name Anna Schallert

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

16. (a) Informant Anthony Schallert

(b) Address 38249 Vest Ave

17. (a) Burial (b) Date thereof 12-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Logansport

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 2223 St. Louis Ave

19. (a) DEC 10 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 38249 Vest Ave
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th
year 1945 hour 5:09 minute P M.

21. I hereby certify that I attended the deceased from 12/3/45
19____ to 12/9/45, 19____;
that I last saw him alive on 12/9/45, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Brain Tumor
Due to _____
Non-malignant

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
56

Major findings: _____
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? _____

While at work? _____ (Specify type of place) (d) Nature of injury _____
23. Signature James J. Smith 1515 Lafayette 10/10/45
Address _____ Date signed _____

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

MOTHER FATHER

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

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.