

**FILED** MAR 7 1946

Registration District No. **14**

Primary Registration District No. **5595**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **JEFFERSON**  
(b) City or town **SULPHUR SPRINGS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **my**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **5 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **JEFFERSON**  
(c) City or town **SULPHUR SPRINGS**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country? **MO** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **LUCILLE K. SCHEFFERLING**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **FEMALE** 5. Color or race **W** 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 **JUNE 14 1923**  
(Month) (Day) (Year)

8. AGE: Years **22** Months **5** Days **24** If less than one day hr. min.

9. Birthplace **ST LOUIS MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business **NONE**

12. Name **LESTER SCHEFFERLING**

13. Birthplace **ST LOUIS MO**  
(City, town, or county) (State or foreign country)

14. Maiden name **DOROTHY JOHNSTON**

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

16. (a) Informant **DOROTHY MILLER**

(b) Address **SULPHUR SPRINGS MO**

17. (a) **BURIAL** (b) Date thereof **FEB 10 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SANDY BAPTIST CEMETERY**

18. (a) Signature of funeral director **HELLISTAC FUNERAL HOME**

(b) Address **KIMMSWICK MO R.R. 2**

19. (a) **2-9-46** (b) **Phil Turk**  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **FEB** day **8**  
year **1946** hour **1** minute **A.M.**

21. I hereby certify that I attended the deceased from **Jan-1946**  
to **FEB-8**, 19**46**  
that I last saw her alive on **Feb-7**, 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **(Lobar) pneumonia**  
**rt lower**

Due to **/**

Due to **/**

Other conditions **/**  
(Include pregnancy within 3 months of death)

Major findings: **/**  
Of operations **108**

Of autopsy **/**

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) (Country) (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 **OT Reich Mt** (M. D. or other) **0**

Address **Kimmswick, Mo** Date signed **7/9/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 3-6-46

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, ~~city~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Elmer A. Heligton  
Licensed Embalmer No. 3571  
P. O. Address Kimmewick MD

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.