

S. No. 2
DM-5-43
v. 17-39
I X36871

25694

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 22 1946 318

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 6136

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:
5248 Walsh Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5248 Walsh
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. John L. Scheller

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-07-1414

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Jaehn 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased December 10, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>58</u>	<u>7</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation Superintendent of Bottling

11. Industry or business Falstaff Brewing Corp.

12. Name John Scheller

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

14. Maiden name Katherine Stern

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

16. (a) Informant Mrs. Anna Scheller

(b) Address 5248 Walsh

17. (a) Burial (b) Date thereof July 12, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H., Inc

(b) Address 1936 St. Louis Avenue

19. (a) JUL 12 1946 (b) J. F. Beckel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10,
year 1946 hour 6: minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-23-45
to 7-10-46, 1946
that I last saw him alive on July 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis
Duration _____

Due to _____

Due to _____

Other conditions Hyper tension
(Include pregnancy within 6 months of death)

Major findings:
Of operations: _____

Of autopsy: _____
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) (e) Means of injury _____

23. Signature Joseph L. Ferris (M. D. or other) _____
Address 406 S. 50. Grand Date signed 7-10/46

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.....

Glen L. Haly

Licensed Embalmer No.

3737

P. O. Address.....

1936 St. Louis

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.