

-1/47
-17-39

FILED JUN 5 1947 318
Registration District No. 318

Primary Registration District No. 1003

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
5900 Pershing Ave (Rear Car Tracks)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

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. 5 5944 Pershing Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Harold J. Scheller
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 20th
year 1947 hour 7 minute 30 A. M.

4. Sex Male 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 Nov. 25th 1905
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
41 5 25 hr. min.

Immediate cause of death Internal hemorrhage from multiple laceration of liver and other organs in neck of throat for being operated by physician Joseph P. Hage in the room of 5809 Pershing Ave. on 7:20 P.M. May 20 1947
(Include pregnancy within 3 months of death)

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

10. Usual occupation Commercial Photographer

11. Industry or business Heirloom Studio

12. Name Fred C. Scheller

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

14. Maiden name Anna M. Flocks

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

16. (a) Informant Fred C. Scheller
(b) Address 5944 Pershing Ave.

17. (a) Burial (b) Date thereof 5-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery place?

18. (a) Signature of funeral director Arthur J. Donnelly while at work? (a) years of injury 2
(b) Address 3640 Wendell (b) Signature Alfred J. Cherry (of D. or other) 3

19. (a) MAY 21 1947 (b) J. F. Beale
(Date received local registrar) (Registrar's signature)
Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Underline the cause of which death should be charged statistically.
Of autopsy Not

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify suicide)
(b) Date of occurrence May 20 1947
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial plant, in public place?
(Specify type of place)
Date signed 5-21-47

WRITE PLAINLY—USING 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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Linnell

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.