

**FILED DEC 15 1947**  
Registration District No. **218**

Primary Registration District No. **1003**

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 **11 Days**  
(Specify whether \_\_\_\_\_)  
In this community **220 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. **1434 No 14th Street**  
**25** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Nancy Kimble SCHEYKA**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **7th**  
year **1947** hour **4** minute **40** A M  
21. I hereby certify that I attended the deceased from **11/26/47**  
to **Dec. 7th 1947**  
that I last saw **er** alive on **Dec. 7th 1947**  
and that death occurred on the date and hour stated above. Duration \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **John** 6. (c) Age of husband or wife if alive **70** years  
7. Birth date of deceased **December 26 1867**  
(Month) (Day) (Year)

Immediate cause of death **Broncho pneumonia**  
Due to **Serious**  
**Felerosis of lung due to rheumatoid**  
Other conditions (Include present within 3 months of death)  
**Old Spot of lung left**  
Major findings of operation **Fracture of nose**  
Of autopsy **yes**  
PHYSICIAN \_\_\_\_\_  
Underline the cause of which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
**79 11 11** hr. min.

9. Birthplace **Kokomo Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **Nathan Levitt**

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

14. Maiden name **Martha Morgan**

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

16. (a) Informant **Mr. John Scheyka Husband**  
(b) Address **1434 No. 14th Street**

17. (a) **Burial** (b) Date thereof **Dec. 9 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia Cemetery**

18. (a) Signature of funeral director **Beiderwieden Funeral Home**  
(b) Address **1936 St. Louis Avenue**

19. (a) **2 1947** (b) **J. F. Bredek**  
(Date received local registration) (Registrar's signature)

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? \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_  
23. Signature **Joseph E. Alderman** (Physician or other)  
Address **1515 Lafayette** Date signed **12/8/47**

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

MOTHER FATHER

*Handwritten signature: Joseph E. Alderman*  
*Handwritten signature: Jas E. Alderman*

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 W. Hatz*

Licensed Embalmer No. *3737*

P. O. Address *1936 Whom Ave*

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.