

5. No. 300  
7. 10. 48

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3478  
Registrar's No. 00146

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>none</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>16 days</b>		d. STREET ADDRESS (If rural, give location) <b>2528 Elliot St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Bernard</b> c. (Last) <b>Schelling</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 20 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 31, 1907</b>
9. AGE (In years last birthday) <b>41</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>19</b>	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>artist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>unemployed</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>America</b>		13a. FATHER'S NAME <b>Joseph B. Schelling</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Hoelzer</b>		14. NAME OF HUSBAND OR WIFE <b>Helen Schelling</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service) <b>yes W.W.#17</b>		16. SOCIAL SECURITY NO. <b>494-03-4813</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clinical records of U.S. Marine Hosp. Kirkwood</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uncontrollable hemorrhage following surgery</b> INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Infectious Hepatitis with bleeding tendency.</b> DUE TO (c) <b>X</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>X 32a</b>	
19a. DATE OF OPERATION <b>Jan. 19, 1949</b>		19b. MAJOR FINDINGS OF OPERATION) <b>Multiple adhesions; gastro-enterostomy</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>X</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>none</b>			
22. I hereby certify that I attended the deceased from <b>Jan. 4th, 1949</b> , to <b>Jan. 20th, 1949</b> , that I last saw the deceased alive on <b>Jan. 20th 19 49</b> , and that death occurred at <b>12:25 am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>U.S. Marine Hosp., Kirkwood, Mo</b>	
23c. DATE SIGNED <b>Jan. 20, '49</b>			
24a. BURIAL OR CREMATION REMOVAL (Specify) <b>Burial</b>		24b. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
24c. DATE <b>Jan. 22, 1949</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Bks. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-21-49</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>U. Hoffmeister U. &amp; L. Co. 7814 S. Broadway St. Louis, Missouri.</b>	

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

67610 3 7110

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed

*James C. Hoffmeister*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7874 S. Broadway

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.