

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 21629
4862
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sappington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis County, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hosp.		d. STREET ADDRESS (If rural, give location) 14 Fox Meadows	
3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) Agnes c. (Last) Schall			4. DATE OF DEATH (Month) (Day) (Year) June 3, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 2, 1895
9a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) Housework		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Joseph Schall	
13b. MOTHER'S MAIDEN NAME Agusta Schroeder		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Martin Flanagan
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Partial Bowel Obstruction due to incarcerated Hernia		INTERVAL BETWEEN ONSET AND DEATH May 27, 1949	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Obesity and Hypertension	
19a. DATE OF OPERATION 6-1-49		19b. MAJOR FINDINGS OF OPERATION as above & Conduits adhesions	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 122a	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. HOW DID INJURY OCCUR? 571	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from May 27, 1949, to June 3, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 1 A. M., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) 0		23b. ADDRESS 5417 N Grand Blvd	
23c. DATE SIGNED 6/3/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-6-49	
24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cem		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUN 3 1949		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grand Blvd.	

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.

Student
Student Embalmer

Signed *David T. Tomman*

Licensed Embalmer No. *4249*

P. O. Address *6322 Du Du*

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.