

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28513
7740
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>CO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6934 Noonan Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>W.</u> c. (Last) <u>SCHALLENBERG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5th, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 18, 1886</u>
9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>9</u>	11. DAYS <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lead Liner</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Franklin Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Henry Schallenberg</u>	
13b. MOTHER'S MAIDEN NAME <u>Etta Pierce</u>		14. NAME OF HUSBAND OR WIFE <u>Rebecca Schallenberg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-07-9608</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Rebecca Schallenberg</u>		ADDRESS <u>6934 Noonan Ave. St. Louis, Mo.</u>	
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) <u>Hemorrhage, Pulmonary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonitis, cause undetermined</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>		19. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION <u>As above.</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>108</u> (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H92X</u>	
22. I hereby certify that I attended the deceased from <u>8-30, 1949</u> , to <u>9-5, 1949</u> , that I last saw the deceased alive on <u>9-4, 1949</u> , and that death occurred at <u>4:00 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Bert W. Klein</u> (Degree or title)		23b. ADDRESS <u>2632 S. Kingshighway</u>	
23c. DATE SIGNED <u>9-7-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept. 7, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		DATE REC'D BY LOCAL REG. <u>SEP 7 1949</u>	
REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>JAY B. SMITH</u>	
ADDRESS <u>7150 Manchester Ave. Maplewood 17, Mo.</u>			

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

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

Ronald Yalubke

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

733P

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.