No. 300
10.46

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32155

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7844

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Josephine HeitkampHospital 1640 S.Grand Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
d. STREET ADDRESS (If rural, give location): 4005 Gravois Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Dr.Francis b. (Middle) Thomas c. (Last) Schaller

4. DATE OF DEATH (Month) (Day) (Year): Sept. 9, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 20, 1881

9. AGE (In years last birthday): 67 — If under 1 year: Months 8, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician& Surgeon

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St.Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Francis Schaller

13b. MOTHER'S MAIDEN NAME: Eleanor Zeppenfeld

14. NAME OF HUSBAND OR WIFE: Bernardine Schaller

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 ADDRESS: Bernadine Schaller 4005 Gravois Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cholelithiasis — Dont Know

DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: 9-6-49

19b. MAJOR FINDINGS OF OPERATION: Cholelithiasis

20. AUTOPSY? YES ☐ NO ☑

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): 126

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 384X

22. *I hereby certify that I attended the deceased from* 9-8 *1949, to* 9-9 *1949, that I last saw the deceased alive on* 9-8 *1949, and that death occurred at* 1,15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John D Hayward MD

23b. ADDRESS: 807 Metropolitan Bldg

23c. DATE SIGNED: 9-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/12/49

24c. NAME OF CEMETERY OR CREMATORY: St.Peter&Paul Cemetery

24d. LOCATION (City, town, or county) (State): St.Louis MO.

DATE REC'D BY LOCAL REG.: SEP 10 1949

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: JohnH.GebkenSonsUnd.Co. 2630 Gravois Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Robert F Gebken

Signed _____
Student Embalmer

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.