

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35547**
8855

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Desloge Hospital.		5628 Cates Avenue.,	

3. NAME OF DECEASED (Type or Print)	a. (First) SUZAN	b. (Middle) GERTRUDE	c. (Last) SCHELP.	4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1949
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5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed.	8. DATE OF BIRTH June 4, 1864.	9. AGE (In years last birthday) 85.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home..	10b. KIND OF BUSINESS OR INDUSTRY Housewife.	11. BIRTHPLACE (State or foreign country) Odell, Illinois.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Leonzo Cordry.	13b. MOTHER'S MAIDEN NAME Lydia Hughes.	14. NAME OF HUSBAND OR WIFE Gustave Henry Schelp.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.	16. SOCIAL SECURITY NO. none.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarkson C. Schelp. 7324 Pershing Ave.,
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mos +
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. myocardial degeneration + decompensation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chr. cystitis + chr. pelvic peritonitis 1 yr + Perforation of colon. 1 day? Bilat. Pleural effusion 1 week +		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) St. Louis Mo 135
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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? 605X
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22. I hereby certify that I attended the deceased from **Oct 9, 1949**, to **Oct 14, 1949**, that I last saw the deceased alive on **Oct 14, 1949**, and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Clauschmidt M.D.	23b. ADDRESS 508 N Grand Ave	23c. DATE SIGNED 10/14/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/15/49.	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery.	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
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DATE REC'D BY LOCAL OCT 14 1949	REGISTRAR'S SIGNATURE J. B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 19 1949

Handwritten scribbles and marks on the right side of the page.

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 *Clarence A. Murray*
Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo*

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.