

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 4 1950

State File No. **6696**  
Registrar's No. **1592**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1592</b>	
1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>23-1518 Lafayette</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1518 Lafayette</b>				d. STREET ADDRESS (If rural, give location) <b>23-1518 Lafayette</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Otto</b> c. (Last) <b>Schellhardt</b>			b. (Middle) <b>M.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 15, 50</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>May 27, 1896</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 YEAR Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house cleaner</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Mundock Present Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Theodore Schellhardt</b>			13b. MOTHER'S MAIDEN NAME <b>Louisa Ludwig</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Schellhardt</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Emma Schellhardt 1518 Lafayette</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Left Lung</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>X</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.				INTERVAL BETWEEN ONSET AND DEATH <b>8 mo.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <b>163 X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (min.) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>163 X</b>			
22. I hereby certify that I attended the deceased from <b>Nov-1-1949</b> , to <b>2-12-1950</b> , that I last saw the deceased alive on <b>2-15-1950</b> , and that death occurred at <b>3:32 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>L. F. Murray M.D.</b>				23b. ADDRESS <b>600 1/2 A - Russell</b>		23c. DATE SIGNED <b>2-17-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/18/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla</b>		24d. LOCATION (City, town, or county) (State) <b>Bellville Illinois</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>FEB 17 1950 J. B. Kauter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Murdell Funeral Home</b>		ADDRESS <b>211924 Allen</b>			

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 me

Student Embalmer No. ....

working under my personal supervision.

Signed

*Paul A. Johnson*

Licensed Embalmer No. 4533

P. O. Address 1926 Allen

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.