

FILED SEP 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 28630  
Registrar's No. 7383

BIRTH NO. IIII313. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, write RURAL and give township)  
St. Louis, Missouri  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION  
St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri  
b. COUNTY  
c. CITY (If outside corporate limits, write RURAL and give township)  
St. Louis 2069  
d. STREET ADDRESS (If rural, give location)  
2518 Clara Ave.

3. NAME OF DECEASED (Type or Print)  
a. (First) ANTON. b. (Middle) SCHEIBELHUT. c. (Last)  
4. DATE OF DEATH (Month) (Day) (Year)  
AUGUST 27, 1950.

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH Jan. 4, 1873 9. AGE (In years last birthday) 77 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist 10b. KIND OF BUSINESS OR INDUSTRY Watson Furniture Co. 11. BIRTHPLACE (State or foreign country) Pennsylvania 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Jacob Scheibelhut 13b. MOTHER'S MAIDEN NAME Katherine Kaufmann 14. NAME OF HUSBAND OR WIFE Magdalene Scheibelhut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 494-10-7774 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anthony Scheibelhut Jr. 2518 Clara

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Vascular Accident  
INTERVAL BETWEEN ONSET AND DEATH 1 mo  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b)  
DUE TO (c) Carcinoma of Rectum  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 6 mo

19a. DATE OF OPERATION 6-6-50 19b. MAJOR FINDINGS OF OPERATION Ca of Rectum & Metastases 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR 154X

22. I hereby certify that I attended the deceased from 5/9/50 to 8/27/50, 1950, that I last saw the deceased alive on 8/27/50, 1950, and that death occurred at 8:00 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. Pasater, M.D. 23b. ADDRESS 1515 Lafayette Ave., 23c. DATE SIGNED 8/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8/30/50 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. AUG 29 1950 REGISTRAR'S SIGNATURE J. B. Pasater FUNERAL DIRECTOR'S SIGNATURE G. J. Mack ADDRESS 1225 Union

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Clement McNeary*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3732

P. O. Address St. Louis

**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.