

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

39004

State File No. \_\_\_\_\_

318

1003

9758

BIRTH-NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
 a. COUNTY St. Louis Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Mo b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN \_\_\_\_\_  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2099

d. FULL NAME OF HOSPITAL OR INSTITUTION: 4830 Bulwer Ave.

d. STREET ADDRESS (If rural, give location) 4830 Bulwer Ave.

3. NAME OF DECEASED  
 a. (First) Ben. b. (Middle) \_\_\_\_\_ c. (Last) Schelin

4. DATE OF DEATH (Month) (Day) (Year)  
11/15/50

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov. 4, 1893

9. AGE (In years last birthday) 57 # UNDER 1 YEAR 0 # UNDER 28 HRS. 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Box maker

10b. KIND OF BUSINESS OR INDUSTRY Box. business

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

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Ben. Schelin

13b. MOTHER'S MAIDEN NAME Lizzie Geitz

14. NAME OF HUSBAND OR WIFE Emma Schelin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO. 492-01-0173

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma Schelin 4830 Bulwer

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) Arteriosclerosis  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Arteriosclerosis  
 DUE TO (c) Arteriosclerosis  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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? H 221

22. I hereby certify that I attended the deceased from Dec 2, 1950 to Nov 10, 1950, that I last saw the deceased alive on Nov 14, 1950, and that death occurred at 10:30 m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_

23b. ADDRESS 1918 2nd St. St. Louis

23c. DATE SIGNED \_\_\_\_\_

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

24b. DATE 11/18/50

24c. NAME OF CEMETERY OR CREMATORY Memorial Park

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

DATE REC'D BY LOCAL REG. Nov 17 1950

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Fun. Dir. 2849N. Euclid

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

M. Emma Ross,  
1918 East Grand  
Co. 1111  
10-11-

DEC 27 1930

*Shif*

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 *Robert M Murray*

Licensed Embalmer No. *3749*

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.