

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10326**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give town) **ST LOUIS**
 c. LENGTH OF STAY (in this place) (township) **7 DAYS**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **FIRM DESLOGE Hosp**

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
 a. STATE **MISSOURI** b. COUNTY **ST. LOUIS**
 c. CITY OR TOWN **MEHLVILLE** **4880**
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) **3811 UNION ROAD**

3. NAME OF DECEASED
 a. (First) **HENRY** b. (Middle) **WILLIAM** c. (Last) **SCHELLHARDT**
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) **Nov. - 11 - 1954**
5. SEX **MALE** **6. COLOR OR RACE** **WHITE**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED**
8. DATE OF BIRTH **JULY-30-1882** **9. AGE** (In years last birthday) **72** IF UNDER 1 YEAR Months **3** Days **11** IF UNDER 24 HRS. Hours **0** Min. **0**
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED** **10b. KIND OF BUSINESS OR INDUSTRY** **FARMING.**
11. BIRTHPLACE (City and State or Foreign Country) **ST LOUIS Co, Mo** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **JULIUS SCHELLHARDT** **13b. MOTHER'S MAIDEN NAME** **LOUISA GEBHARDT** **14. NAME OF HUSBAND OR WIFE** **ANNA SCHELLHARDT (DECEASED)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) **NONE** **16. SOCIAL SECURITY NO.** **487-20-7806** **17. INFORMANT'S SIGNATURE OR NAME** **MRS LAURA HAGEMANN** **18. ADDRESS** **12122 CHERYL DR FEEBON Mo**

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Uremia**
ANTECEDENT CAUSES **Hypertensive CVR disease**
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **Diabetes mellitus**
 Conditions contributing to the death but not related to the disease or condition causing death. **Uncertain**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** **none** **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **no** **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?** **442x**

22. I hereby certify that I attended the deceased from **Nov. 4**, 19**54**, to **Nov. 11**, 19**54**, that I last saw the deceased alive on **Nov 10**, 19**54**, and that death occurred at **2:30 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. G. Oppenheimer, M.D.** **23b. ADDRESS** **308 N. Grand Blvd., St. Louis 3, Mo** **23c. DATE SIGNED** **Nov. 13, 1954**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** **24b. DATE** **Nov-15-1954** **24c. NAME OF CEMETERY OR CREMATORY** **OLD ST. JOHNS CEM.** **24d. LOCATION** (City, town, or county) (State) **MEHLVILLE, MISSOURI.**

DATE REC'D BY LOCAL REG. **NOV 15 1954** **REGISTRAR'S SIGNATURE** **J. Carl Smith** **25. FUNERAL DIRECTOR'S SIGNATURE** **M. F. FUNERAL HOME** **ADDRESS** **4100 KEMAR FERRY RD. MEHLVILLE, MO.**

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..

Student.....
Signature of Student Embalmer

Signed *John J. Haines*
Licensed Embalmer No. 4109

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.