URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-042465

STATE FILE NUMBER

FILED VS NOV 30 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210801

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Louis — Length of stay in 1b: 1 year

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Geitner Home — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY:

c. CITY OR TOWN: Saint Louis — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 5000 So. Broadway — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Fredericka — Middle: — Last: Schellenberg

4. DATE OF DEATH: Month 11 — Day 21 — Year 1959

5. SEX: F

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 5-2-1875

9. AGE (last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Halle Germany

12. CITIZEN OF WHAT COUNTRY: USA Nat'l

13a. FATHER'S NAME: Wilhelm Aderhold

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: George E Schellenberg

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.: —

17. INFORMANT: George F Schellenberg — Address: 6300 Wade Saint Louis 10, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Carcinoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH: 6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 150X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1958, to 11/19/59 and last saw her alive on 11/19/59

Death occurred at 1:50 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): N. P. Knowlton Jr MD

22b. ADDRESS: 3720 Washington Blvd St Louis 8, Mo

22c. DATE SIGNED: 11/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 11-23-1959

23c. NAME OF CEMETERY OR CREMATORY: St. Paul's Churchyard

23d. LOCATION (City, town, or county) (State): St. Louis Co. Missouri

24. FUNERAL DIRECTOR — ADDRESS: Hoffmeister Colonial Mortuary 6464 Chippewa Street St. Louis 9, Mo.

25. DATE RECD. BY LOCAL REG.: NOV 23 1959

26. REGISTRAR'S SIGNATURE: Earl Smith M.D. MJC

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John L Denneh

Licensed Embalmer No. 4194

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.