

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-039668**

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2758

**FILED OCT 26 1961**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Louis</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Richmond Heights</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>St. Louis</b>
Length of stay in 1b <b>10 days</b>		c. CITY OR TOWN <b>St. Louis</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>6854 Southwest</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <b>Mary</b>	Middle <b>Lucille</b>	Last <b>Schallenberg</b>	Month <b>Sept.</b>	Day <b>29th</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-23-1913</b>	9. AGE (last birthday) <b>48</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Collinsville, Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Noah Archer</b>		13b. MOTHER'S MAIDEN NAME <b>Callie Wood</b>		14. NAME OF HUSBAND OR WIFE <b>Earl Schallenberg</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Earl Schallenberg</b>	Address <b>Above</b>
-----------------------------------------------------------------------------------------------------------------------	----------------------------------------	-------------------------------------------	-------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> <b>1955</b>
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <b>Uremia</b>	DUE TO (b) <b>Carcinoma cervix -</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) <b>obstructing ovules</b>	

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
-----------------------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
-------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

20c. TIME OF INJURY Hour Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <b>April 14 60</b> to <b>29 Sept 61</b> and last saw her <b>live</b> on <b>29 Sept 61</b>	
Death occurred at <b>St. Mary's Hospital 3P</b> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>3720 Washington</b>	22c. DATE SIGNED <b>30 Sept 61</b>
--------------------------------------	----------------------------------	----------------------------------------	---------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-2-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis Co., Mo.</b>
------------------------------------------------------------	-----------------------------	----------------------------------------------------------------	--------------------------------------------------------------------

24. FUNERAL DIRECTOR <b>JAY B. SMITH, Maplewood, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>10-2-61</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
-------------------------------------------------------------	---------	------------------------------------------------	-------------------------------------------------

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Melvin Basteau

Licensed Embalmer No. 4903

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.