MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. (13)

File No. 4879-13

Registered No. 1593

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 10083

City St. Louis (No. 5628 Cates Ave. St. ..... Ward)

2. FULL NAME Gustave Henry Schelp

(a) Residence. No. 5628 Cates Ave. St., 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Suzan G. Schelp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-12-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Book-keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Mutual Life of
(c) Name of employer New York.

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Frederick Schelp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Henrietta Bentrup

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Gustave Schelp
(Address) 5628 Cates Ave

15. FILED 1-2-1929 19 ..... Harry C. Tankersley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Jan 31, 1929, that I last saw him alive on Jan 31, 1929, and that death occurred, on the date stated above, at 2.50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
8 29
97 MCA
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis —
(duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) M. C. Jones, M. D
Feb 1 1929 (Address) Fister Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Bellefountaine Cem.	Feb 4 1929
20. UNDERTAKER	**ADDRESS**
Alexander & Sons	6175 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

W. E. Jones Lister Bldg Del 2866