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

Do not use this space.

1. PLACE OF DEATH
County: St Louis — Registration District No.: 788 — File No.: 19182
Township: — Primary Registration District No.: 1447 Fly — Registered No.:
City: Webster Groves (No. 538, Lazette St., Ward)

2. FULL NAME: Wilhelmina Schellenberg
(a) Residence. No. 538 Lazette Ave. St. Ward.
(Usual place of abode) Webster Groves Mo (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edw Schellenberg

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 21 1859

7. AGE: Years 72 | Months 2 | Days 23 | If less than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

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

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: F. E. Schellenberg
(Address) 3638 De Tonty St

15. FILED 5/15, 19 31 — Dr. A. W. Westhues, G. Cubock — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 14 1931

17. I HEREBY CERTIFY, That I attended deceased from March 26, 19 24, to May 14, 19 31, that I last saw her alive on May 14, 19 31, and that death occurred, on the date stated above, at 2 30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

89.11 Cerebral Hemorrhage
77 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): arteio-sclerosis (duration) 7 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? Very hard arteries and high blood pressure
(Signed) [illegible] M. D.
May 15, 19 31 (Address) 3701 Lindell Blvd

*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: Oak Grove Mausoleum — DATE OF BURIAL: May 16 1931

20. UNDERTAKER: Wacker-Helderle — ADDRESS: 2331 S Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified.

3701 Westminster Pl.