JAN 24 1938

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

46647
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 786
(b) Township — Primary Registration District No. 4469 — Registered No. 70
(c) City Maplewood — (d) Street No. 3558 Commonwealth Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Winifred Schebeck
(a) Residence, No. 3558 Commonwealth Ave. St. [ ]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: John Schebeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 29, 1872

7. AGE: YEARS 65 — MONTHS 5 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER
13. NAME: Philip Shoults
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

MOTHER
15. MAIDEN NAME: Caroline Boern
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

17. INFORMANT (ADDRESS): John Schebeck, 3558 Commonwealth Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla Cem. DATE: 12-17 1937

19. FUNERAL DIRECTOR (ADDRESS): Kriegshauser Mortuaries, 4228 So. Kingshighway

20. FILED: Jan 10th 1938 — Paul Breitenstein, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-14 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1937, to ....., 19....
I last saw her alive on Dec 14, 1937. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation Insertion	12/14/37

Other contributory causes of importance:

Ortho Malaria of Spine - Pressure on Spinal Cord	6 mos. duration

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. F. O'Malley, M. D.
(Address) Webster Groves Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Big Bend Blvd.

Before 9:30 A.M.

Mrs. Brickenstein

2073 Alameda

STATEMENT BY LICENSED EMBALMER

I, Reinhold K. Lohmann, Licensed Embalmer No. 3395

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

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.)