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.

REC'D JUN 9 1938

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

791

16594
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City ST. LOUIS
Registration District No. 1008
Primary Registration District No.
Registered No. 4455
(d) Street No. DESLOGE HOSPITAL 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 LOUIS SCHALLER
(a) Residence, No. 9500 MARLOW AVE. (OVERLAND) St. NR Overland Mo.
(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: MALE
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: MARGARET SCHALLER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV. 21, 1896
7. AGE: YEARS 41 MONTHS 5 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Wholesale Shoes
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): ST. LOUIS MO.

FATHER
13. NAME: AUGUST SCHALLER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ALSACE LORRAINE FRANCE

MOTHER
15. MAIDEN NAME: ELIZABETH FEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS MO.

17. INFORMANT (ADDRESS): MARGARET SCHALLER 9500 MARLOW AVE (OVERLAND)
18. BURIAL, CREMATION, OR REMOVAL PLACE: CALVARY CEMT. DATE: 5-17-38, 19
19. FUNERAL DIRECTOR (ADDRESS): ARTHUR J. DONNELLY 3840 LINDELL BLVD.
20. FILED MAY 15 1938 J. F. Biedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to May 14, 1938
I last saw him alive on May 13, 1938. Death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocardial failure	5/13/38
Pulmonary edema	5/13/38
no chronic heart disease	

Other contributory causes of importance:
Amyotrophic lateral sclerosis? Uncertain
Paraplegia (lower extremities) etc from cerebral thrombosis?

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? Apparently no
If so, specify .....
(Signed) Melvin J. Huber, M. D.
(Address) 634 N. Grand Blvd St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. 2663

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

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)